2008 LIMITED LIABILITY COMPANY

FILED Mar 10. 2008 08:00 AN ate

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1137 EAST PLANT STREET WINTER GARDEN, FL 34787 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent LAMAN, G. DOUGLAS 1137 EAST PLANT STREET WINTER GARDEN, FL 34787 DO NOT WRITE LAMAN, G. DOUGLAS 1137 EAST PLANT STREET WINTER GARDEN, FL 34787 DO NOT WRITE IN THIS SPACE 8. This above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obli	ANNUAL REPORT				Secretary of Ste		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the acceiver or trustee appropried to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADORESS CITY-SI-ZIP

SIGNATURE SIGNATURE AND DIFED OR DA NTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DOUGLAS

Daytime Phone #