


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90050 008 ***138.75

DOCUMENT # L04000061285		
1. Entity Name ANNE PECORA, LLC		

Principal Place of Business 12061 67TH LANE LARGO, FL 33773 US	Mailing Address 12061 67TH LANE LARGO, FL 33773 US
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60030443



2. Principal Place of Business - No P.O. Box # 4660 40th Ave N.	3. Mailing Address 4660 40th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02052008 Chg-LLC CR2E083 (12/06)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33714	Zip 33714
Country US	Country US

4. FEI Number 20-1503987	Applied For <input type="checkbox"/> Not Applicable
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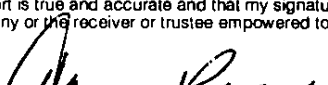
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent PECORA, ANNE 12061 67TH LANE LARGO, FL 33773		7. Name and Address of New Registered Agent Name Pecora, Anne Street Address (P.O. Box Number is Not Acceptable) 4660 40th Ave N City St. Petersburg FL Zip Code 33714	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/5/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECORA, ANNE 12061 67TH LANE LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pecora, Anne 4660 40th Ave N. St. Petersburg, FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE: 3/5/08 DAYTIME PHONE: 727-368-9200