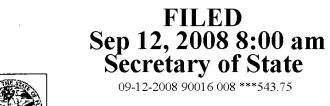
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000063327



| 1. Enlity Name W. C. HELLSTEN LLC | | | | | | | | | | |
|---|-----------------|--|---|------------|---|----------------------|-------------------------|--------------|-----------------------------|----------------------|
| Principal Place of Business 1208 SETTLERS LOOP GENEVA, FL 32732 | | | Mailing Address 1208 SETTLERS LOOP GENEVA, FL 32732 | | | 60043 ₀₃₅ | | | | |
| 2. Principal P | lace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | | | 05122008 | Chg-LLC | CR2E | 083 (12/06) | |
| City & State | | | City & State | | 4. FEI Numb 20-154 | | | No | plied For t Applicable | |
| Zip | Country | | Zip Country | | try | | of Status Desired | | \$5.00 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and | Address of New R | egistered | Agent | |
| HELLSTEN, WILLIAM C 1208 SETTLERS LOOP GENEVA, FL 32732 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | FL | Zip Code | 9 |
| 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 Signature, typed or printed name of registered agent and talle displicable (NOTE Registered Agent signature required when renstating) DATE | | | | | | | | | | |
| FILI | E NOW!!! | FEE IS \$538.75 ember 12, 2008 | | | | | | | payable to nent of State | 3 |
| 9. | r | MANAGING MEMBE | RS/MANAGERS | 10. | - - - - | | ADDITIONS | CHANGE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | 1208 SET | EN, WILLIAM C ITLERS LOOP , FL 32732 | ☐ Delete | | - | | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY ST-ZIP | | | ☐ Celete | | ! | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | | ☐ Deleie | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Delete | | · | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | ☐ Change | Addition |
| 11. I hereby | certify that th | ne information supplied with | this filing does not qualify to that my signature shall have | or the exe | enptions contained | d in Chapter 119 | , Florida Statutes. I f | urther certi | fy that the info | rmation er of the |

limited liability company or the receiver or trustee empowered to execute this repo