

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000072534	
1. Entity Name 3216 SW 8TH COURT, LLC	
Principal Place of Business 2960 JEFF MYERS CIRCLE SARASOTA, FL 34240	Mailing Address 2960 JEFF MYERS CIRCLE SARASOTA, FL 34240



04052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1768612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BISSETT, WILLIAM C 2960 JEFF MYERS CIRCLE SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BISSETT, WILLIAM C 2960 JEFF MYERS CIRCLE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BISSETT, ELIZABETH D 2960 JEFF MYERS CIRCLE SARASOTA, FL 34240
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/08-80027-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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: William C. Bissett 04/05/2008 941 378-2068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #