FILED
May 27, 2008 8:00 am
Secretary of State

05-02-2008 90024 043 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000074214

1. Entity Name
SEVEN P, LLC

Principal Place of Business	Mailing Address
4510 ROLLING GREEN LANE TAMPA, FL 33624	4510 ROLLING GREEN LANE TAMPA, FL 33624

30007510

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Home	4510 Rolling Green Ln.
Suite, Apt. #, etc.: Tampa, Florida	Suite, Apt. #, etc.: N/A
City & State: Tampa, Florida	City & State: Tampa Florida
Zip: 33618 Country: USA	Zip: 33618 Country: USA

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-2688237 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: SAME

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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: Donald L. Plagge, Partner — DATE 5/22/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Check for 138.75 months ago. Done

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PLAGGE, DAWNETT L MS. 6525 CLAIRE SHORE DRIVE APOLLO BEACH, FL 33572 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	My Daughter and Power of attorney ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Donald L. Plagge, mg. Partner — 5/21/08 — 813 968 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

DONALD L. PLAGGE

ATTACHMENT 3000518 cc: Hicks Norman & Hicks, P.A. 5/22/08
#L04000074214

Gentlemen

I had my attorney handle this for me as I didn't understand how to fill out the form. I guess being 81+ shows.

Regardless, I apologize, but at least you got my check on time.

I've filled out this form the best I know how. Hope it suffices. If not, let me know.

Sincerely,

Donald L. Flagge
4510 Rolling Green Dr.
Tampa, Florida 33618
Ph: (813) 961 8888