

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082513</b>	
1. Entity Name CANDY PLACE, LLC	

Principal Place of Business 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952	Mailing Address 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2122095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BETTS, STEVEN A  
 1529 S.E. MARIANA ROAD  
 PORT ST. LUCIE, FL 34952

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

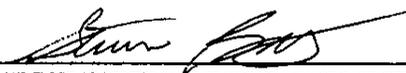
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BETTS, STEVEN A 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICCARD-BETTS, LORRAINE 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952
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U00000777073  
01/09/08-80050-010 138.75

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  1/4/08 772-337-0499

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