2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086834

1. Entity Name

CHUCK RUTTEN STEAMASTER, LLC



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

P.O. BOX 1274 PALATKA, FL 32178 P.O. BOX 1274 PALATKA, FL 32178



DO NOT WRITE IN THIS SPACE

04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1663848

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTTEN, CHARLES 1104 S. MOODY ROAD PALATKA, FL 32177 DO NOT WRITE IN THIS SPACE

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

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent algorithm 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	MGR RUTTEN, CHARLES 1104 S. MOODY ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, DONNA 1104 S MOODY RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE

11. I nereby 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.

SIGNATUR

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-28-08

Daytime Phone 6