

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000090544</b>              |  |
| 1. Entity Name<br><b>RONALD W. TATE LLC</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>3613 EAST 14 STREET<br/>PANAMA CITY FL 32404</b> | Mailing Address<br><b>3613 EAST 14 STREET<br/>PANAMA CITY FL 32404</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



|                                                                       |                                    |
|-----------------------------------------------------------------------|------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>3613 E 14ST.</b> | 3. Mailing Address                 |
| Suite, Apt. #, etc.                                                   | Suite, Apt. #, etc.                |
| City & State<br><b>PANAMA CITY</b>                                    | City & State<br><b>PANAMA CITY</b> |
| Zip<br><b>32404</b>                                                   | Country<br><b>USA</b>              |

1st MOORE CR2E083 (10/07)

|                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>TATE, RONALD W<br/>3613 EAST 14 STREET<br/>PANAMA CITY FL 32404</b> |  |
|---------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                            |                                                        |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>26-0112095</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |
| 7. Name and Address of New Registered Agent                                                                |                                                        |
| Name                                                                                                       |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                         |                                                        |
| City                                                                                                       | Zip Code                                               |

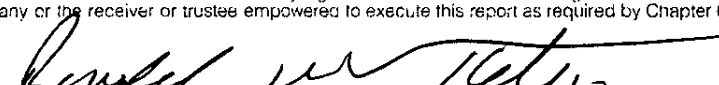
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when constituting)

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS / MANAGERS               |                                 | 10. ADDITIONS / CHANGES |                                                                   |
|----------------------------------------------|---------------------------------|-------------------------|-------------------------------------------------------------------|
| TITLE<br><b>MGR</b>                          | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>TATE, RONALD W</b>                |                                 | NAME                    |                                                                   |
| STREET ADDRESS<br><b>3613 EAST 14 STREET</b> |                                 | STREET ADDRESS          |                                                                   |
| CITY-ST-ZIP<br><b>PANAMA CITY FL 32404</b>   |                                 | CITY-ST-ZIP             | <b>U000000828337<br/>02/25/08-80008-009 143.75</b>                |
| TITLE                                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                         |                                 | NAME                    |                                                                   |
| STREET ADDRESS                               |                                 | STREET ADDRESS          |                                                                   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP             |                                                                   |
| TITLE                                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                         |                                 | NAME                    |                                                                   |
| STREET ADDRESS                               |                                 | STREET ADDRESS          |                                                                   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP             |                                                                   |
| TITLE                                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                         |                                 | NAME                    |                                                                   |
| STREET ADDRESS                               |                                 | STREET ADDRESS          |                                                                   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP             |                                                                   |
| TITLE                                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                         |                                 | NAME                    |                                                                   |
| STREET ADDRESS                               |                                 | STREET ADDRESS          |                                                                   |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP             |                                                                   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **2-10-08.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE