## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al Secretary of State

DOCU 1. Entity Nam RAPPS, I		903		Secretary of St	
Principal Place of Business 4158 AUSTON WAY PALM HARBOR, FL 34685		Mailing Address 4158 AUSTON WAY PALM HARBOR, FL 34685			
	O NOT WRITE		CE	03192008No Chg-LLC  4. FEI Number 20-2110949  5. Certificate of Status Desired	CR2E083 (12/07)  Applied For Not Applicable  \$5.00 Additional Fee Required
DYER, ROBERT C JR 4158 AUSTON WAY PALM HARBOR, FL 34685				DO NOT W IN THIS SP	ACE
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 protect name of registered agent and stile if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75					
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBI MGRM DYER, ROBERT C JR 4158 AUSTON WAY PALM HARBOR, FL 34685	RS/MANAGERS		00000 04710708	10874228 3-80111-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				DO NOT W IN THIS SE	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: X\_\_\_\_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF EIGUND MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

× 3/29/200R

¹ Ωaytime Phone #