## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000004024

1. Entity Name

FILED Apr 30 2008 8:00 am
Apr 30, 2008 8:00 am Secretary of State
04-30-2008 90038 048 ***138.75

33 E 4TH STREET   33 E 4TH STREET   34 E 47 STREET   32	MT. DOR	A WILDLIFE LLC								
Suite   Apt   F. etc.   Suite   Suit	Principal Place of Business 139 E 4TH STREET MT. DORA, FL 32757		139 E 4TH STREET						B41	<b></b>
City & State  Country  Country  Country  Country  So Certificate of Status Desired  So Status Desired  So Status Desired  So Status Desired  Fee Recycled  F	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04	092008 Ch	g-LLC	CR2E083	(12/06)	
SEVERS, LAWRENCE A 107729 LAKE HILL DR.  Sinear Address (P.O. Box Number is Not Acceptable)  City  Fig. 21p Code  City  Fil. 21p Code  Sinear Address (P.O. Box Number is Not Acceptable)  City  Fil. 21p Code	City & State	e	City & State						<del></del>	
SEVERS, LAWRENCE A 10729 LAKE HILL DR. MT. DORA, FL 32757  City FL Zip Code  Make chick payable to Florida Department of Ital marmillar with, and accept with the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida. I am familiar with, and accept with the composition of registered agent, or both, in the State of Florida Department of State  After Move State Addition.  NAME  SEVERS, LAWRENCE A  Make Check payable to Florida Department of State  Int I MAKE  CITY-51-2P  Int	Zip	Country	Zip	Country	5. (	Certificate of State	us Desired			
SEVERS, LAWRENCE A 10729 LAKE HILL DR.  M. DORA, FL 32757  City FL Zip Code  City FL Zip Code  City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered director registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  PILE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  10. ADDITIONS /		6. Name and Address of Current F	Registered Agent		7. 1	Name and Addre	ss of New Reg	istered Age	nt	
Since Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	CEVEDO I	LAVAIDENCE		Name						
E. 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, high as smeal name of inguiseed squire and ster inspicable  FILE NOWILII FEE. IS \$138.75  After Many 1, 2008 Fee will be \$538.75  Florida Department of State  Make check payable to Florida Department of State  FILE NOWILII FEE. IS \$138.75  After Many 1, 2008 Fee will be \$538.75  Florida Department of State  MAR	10729 LAK	Æ HILL DR.		Street Add	dress (P.O. B	3ox Number is No	it Acceptable)	_		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat		,,, = =====		ŀ						
SIGNATURE    Signature   February   Signature   Signat				City				FL	Zip Code	)
Segreture, place or primed name of ingrishment signer and 18th if aboliticable (ROTE Repeature required when namestaring)  After May 1, 2008 Fee will be \$538.75  After May 1, 2008 Fee will be \$538.75   Make check payable to Florida Department of State    Make check payable to Florida Department of State   State   Addition   Addition			the purpose of changing its	egistered office or r	registered ag	jent, or both, in th	e State of Florid	la. I am fam	iliar with, i	and accept
Spectrum prises or primed name of ingrishment against and 1849 if abolicable (INCTE: Repetative required whom reinstating)  After May 1, 2008 Fee will be \$538.75  After May 1, 2008 Fee will be \$538.75   Make check payable to Florida Department of State  ### Addition  **MARE**  **MANAGING MEMBERS/MANAGERS**  9. MANAGING MEMBERS/MANAGERS**  10. ADDITIONS/CHANGES    Intel	DIALITEDE .									
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9.	FILE After May	NOW!!! FEE.IS \$138.75 7 1, 2008 Fee will be \$538.75						epartment		
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11. I hereby certify that the information supplied with this filling 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 it made under onth; that I am a managing member or manager of the	11. I hereby o	1	this filing does not qualify for	the exemptions con	ntained in Ch	apter 119, Florida	Statutes. I furth	ner certify the	at the info	rmation

indicated on this report is true and accurate and that my signature shall have the same regal effect as it made under dath, that it a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE A- SEVERS 4-10-2009 352-735-0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylima Phone #