2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000004376

1. Entity Name

8433, LLC

Principal Place of Business	Mailing Address
3530 KRAFT RD STE 300 NAPLES, FL 34105	3530 KRAFT RD STE 300 NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

02122008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2175875	Not Applicable
5. Certificate of Status Desired ☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD C
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

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

U00000920517
05/14/08-80047-010 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	VP
NAME	MACIVOR, THOMAS A
STREET ADDRESS	3530 KRAFT RD STE 300
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _Thomas C. MacIvor_   3/31/08   (239)434-0600

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