


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90148 046 ***138.75

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| DOCUMENT # L05000007225 |  |
| 1. Entity Name SEVENTH AVENUE HOLDINGS, LLC | |

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| Principal Place of Business 14905 PINEAPPLE LANE TAMPA, FL 33626 | Mailing Address 14905 PINEAPPLE LANE TAMPA, FL 33626 |
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| 2. Principal Place of Business - No P.O. Box # 2330 W. Horatio St. | 3. Mailing Address 2330 W. Horatio St. |
| Suite, Apt. #, etc. Tampa FL | Suite, Apt. #, etc. Tampa FL |
| City & State 33609 | City & State 33609 |
| Zip | Country |



01282008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-2205330 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER, P.A. C/O HUNTER J. BROWNLEE 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LESLIE-WALTER GROUP, LLC 14101 RACE TRACK ROAD TAMPA, FL 33626 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2330 W. Horatio St. Tampa FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Donald Wallace** **3/14/08** **813-868-4520**

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