2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000007552

1. Entity Name
SR 56 LLC

Principal Place of Business	Mailing Address
107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759	107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

02072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
75-3179969	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

---

6. Name and Address of Current Registered Agent

HINES, BRAD
100 SECOND STREET AVE SOUTH
SUITE 301N
SAINT PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHERER, JOHN
STREET ADDRESS	107 HAMPTON ROAD SUITE 190
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000846912
03/18/08-80047-012 138.75

DO NOT WRITE IN THIS SPACE

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: _____　02/19/08
　　SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE　　Date　　Daytime Phone #