	2008 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Jul 25, 2008 8:00 am Secretary of State			
22922 CINNINON PL TAMPA, FL 33524   TAMPA, FL 33524     2: Principal Price of Bullows: Two PO, Box #   1. Mailing Address     3: Mark A, etc.   Sole, Apt #, etc.     3: Sole, A, A, etc.   Sole, Apt #, etc.     0: You State   0. You State     0: You State   0. Price of Bullows: Two PO, Box #     0: You State   0. Price of Bullows: Two PO, Box #     0: You State   0. Price of Bullows: Two PO, Box #     0: You State   0. Price of Bullows: Two PO, Box #     0: You State   0. Price of Bullows: Two PO, Box #     0: You State   0. Price of Bullows: Two PO, Box Market ST, PO, PO, ST,		e	263				07-25-2008 900		-
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Suite. Apt 4, etc.     OT 52008     Chg.4 1, etc.     Implementation       Clip 4, 5 state     Cir 4 5 state     Country     S. Certificate of Status Desired     S. S. On Adstroad       Absolution     Country     S. Certificate of Status Desired     S. S. On Adstroad       Country     S. Certificate of Status Desired     S. S. On Adstroad       Country     S. Certificate of Status Desired     S. S. On Adstroad       Country     S. Certificate of Status Desired     S. S. On Adstroad       Country     State Address of New Registered Agent     Name       Country     State Address (P.O. Box Number is Not Acceptable)     FL       Chr     FL     Zip Code     State Address (P.O. Box Number is Not Acceptable)       Chr     FL     Zip Code     State Address (P.O. Box Number is Not Acceptable)       Chr     FL     Zip Code     State Address (P.O. Box Number is Not Acceptable)       Chr     FL     Zip Code     State Address (P.O. Box Number is Not Acceptable)       Chr     Debite     Interocodesta tegetared agent, or both is in the State of Fori					<u></u>				
Tam page Hort Application   33 Country Zp   33 Country Zp   33 Country S. Centificate of State Observed State Address of New Registered Agent   7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent City   7. Name and Address of New Registered Agent Dett   8. Nath Registered Agent </td <td></td> <td></td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td>07152008</td> <td></td> <td></td> <td></td>			Suite, Apt. #, etc.			07152008			
Certificate of Status Desired Schultz Schultz Desired Schultz Deschultz Schultz Desired Schultz Deschultz Schultz Des		a, H							pplied For ot Applicabl
OLLY, TONY Name   12002 CINNIMON PL Siteel Address (P.O. Box Number is Not Acceptable)   In the above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accer   In the above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accer   In the above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accer   INGNATURE   Boreaux, freed a purpose of registered agent are statement.   In accordance with s 607.192(2)(b), F.S., the limited   In accordance with s 607.192(2)(b), F.S., the limited   MGRM   Intel MORM   Intel Low VIII FEE IS \$138,75   In accordance with s 607.192(2)(b), F.S., the limited   Intel MGRM   Intel Agents   MGRM   Intel Agents   Intel MGRM   Intel Low VII FEE IS \$138,75   Intel Agents   Intel Agents   MGRM   Intel Agents   Intel Agents   M	336	12 USA		Country				Fee Require	ditional ed
12002 CINNIMON PL   Street Address (P.O. Box Number is Not Acceptable)     City   FL   Zip Code     Signation or registered agent agents are instance?   Oxte     City   FL   Make check payable to priori notice.     FLE NOWITI FEE IS \$138.75   In accordance with s 607.193(2)(b), F.S., the limited   Make check payable to Florida Department of State     City   City   FL   Additageness   City City     City   City   City   FL   Additageness     City   City   City   City   FL   Additageness     City   City			Registered Agent	Nar	ne	7. Name an	d Address of New R	egistered Agent	
	12902 CINNIMON PL			Stre	Street Address (P.O. Box Number is Not Acceptable)				
The abligators of registered agent.				City	City FL Zip Code				
Experies private area of registered agent and the is spreaded. (MOTE Required Agent population reached when restating) DATE   FILE NOWIN FEE IS \$138.75 (Due by September 12, 2008) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State   0. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   0. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   10. MARE Debte Intel Make Change Addition   10. Change Intel Make Debte Intel Make Change Addition   10. Change Intel Make Debte Intel Make Change Addition   10. Debte Intel Make Sintel Addition Change Addition   10. Debte Intel Make Change			r the purpose of changing it	ts registered offi	ce or register	ed agent, or bo	oth, in the State of Flo	orida. 1 am familiar with	, and accep
ITLE MGRM Delete THLE MAKE Change Addi   MARE LOLLY, TONY STREET ADDRESS CHY ST- 2P <th>FiLI • Due</th> <th>E NOW!!! FEE IS \$138.75 by September 12, 2008</th> <th>In accordance with liability company d</th> <th>n s. 607.193(2) lid not receive</th> <th>(b), F.S., th</th> <th>e limited</th> <th>Florida</th> <th>e check payable to 2 Department of Sta</th> <th>te</th>	FiLI • Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with liability company d	n s. 607.193(2) lid not receive	(b), F.S., th	e limited	Florida	e check payable to 2 Department of Sta	te
AWE LOLLY, CYNTHIA   STREET ADDRESS 12902 CINNIMON PL   STREET ADDRESS CITY-ST-2P   TAMPA, FL 33624 CITY-ST-2P   ITLE Delete   MAKE STREET ADDRESS   CITY-ST-2P CITY-ST-2P   ITLE Delete   MAKE Delete   ITLE ITLE   MAKE Delete   STREET ADDRESS CITY-ST-2P   ITLE ITLE   MAKE STREET ADDRESS   STREET ADDRESS CITY-ST-2P   ITLE ITLE   MAKE STREET ADDRESS   STREET ADDRESS CITY-ST-2P   ITLE ITLE   MAKE STREET ADDRESS   STREET ADDRESS CITY-ST-2P   ITLE Delete   ITLE ITLE   ITLE ITLE   ITLE ITLE   ITLE CITY-ST-2P	ITLE VAME STREET ADDRESS	MGRM LOLLY, TONY 12902 CINNIMON PL		TITLE NAME STREET ADDE	. [		ADDITIONS/		Addilio
ITLE   Delete   TitLE   Change   Addit     INTE   Delete   TitLE   NAME   STREET ADDRESS   CITY-ST-ZP     ITTLE   Delete   TITLE   Change   Addit     INTE   Delete   TITLE   Change   Addit     INTEL   Delete   TITLE   Change   Addit     INTECTADORESS   CITY-ST-ZP   Change   Addit     INTECTADORESS   STREET ADDRESS   CITY-ST-ZP   Change   Addit     INTE   Delete   TITLE   Change   Addit     INTE   Delete   TITLE   Change   Addit     INT-ST-ZP   CITY-ST-ZP   Change   Addit     INTE   Delete   TITLE   Change   Addit     INT-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   Change   Addit     INT-ST-ZP   Delete   TITLE   Change   Addit     INT-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP   CITY-ST-ZP     INT-ST-ZP   Delete   TITE   NAME   STREET ADDRESS   CITY-ST-ZP     INT-ST-ZP <td< td=""><td>IAME STREET ADORESS</td><td>MGRM LOLLY, CYNTHIA 12902 CINNIMON PL</td><td>Delete</td><td>NAME STREET ADDR</td><td></td><td></td><td></td><td>Change</td><td>Additic</td></td<>	IAME STREET ADORESS	MGRM LOLLY, CYNTHIA 12902 CINNIMON PL	Delete	NAME STREET ADDR				Change	Additic
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AME ITREET ADDRESS ITY-ST-ZIP 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 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. Table 2008	iame Treet address		Delete	NAME STREET ADD				Change	Additio
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.	IAME STREET ADDRESS		Delele	NAME STREET ADD				Change	Addilio
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