


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000016191</b> 1. Entity Name SNKR I, LLC	
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Principal Place of Business 1815 HEALTHCARE DRIVE TRINITY, FL 34655	Mailing Address 1815 HEALTHCARE DRIVE TRINITY, FL 34655
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04062008 No Chg-LLC

CR2E083 (12/07)

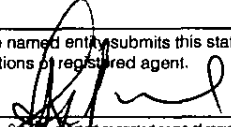
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-2074811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  PATEL, SHODHAN 19103 AVENUE BAYONNES LUTZ, FL 33549
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**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)

4/5/08  
DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SHODHAN 19103 AVENUE BAYONNES LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANT, RANCHHOD 50 BAHAMA CIRCLE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, KRUTIKA 19103 AVENUE BAYONNES LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANT, SAROJ 50 BAHAMA CIRCLE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04000008833915  
04/17/09-90022-025 138.75

**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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/08  
Date

Daytime Phone #