2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED May 05, 2008 08:00 AI			
1. Entity Nam	MENT # L0500001 Öldings llc	7106			Secretar	y of State	
7601 EAST	e of Business TREASURE DRIVE CU(VILLAGE, FL 33141	Mailing Address 7601 EAST TREASURE DRI NORTH BAY VILLAGE, FL 3					
					CR2E083 (1		
	O NOT WRITE	E IN THIS SP	ACE	04302008No Chg-LLC 4. FEI Number 20-2356422		Applied For Not Applicable	
			4	5. Certificate of Status Desir		0 Additional equired	
	6. Name and Address of Curren PHIA T TREASURE DRIVE CU9 AY VILLAGE, FL 33141	t Registered Agent		DO NOT IN THIS S	그는 속 가장에서		
8. The above the obligat	named entity submits this statement f	or the purpose of changing its regi	istered office or register	ed agent, or both, in the State	of Florida. I am familiai	with, and accept	
SIGNATURE	Signature typed or printed name of registered ager	t and ulle if applicable. (NOTE: Reg	stared Agent signature required	when reinstating)	DATE		
FILE After May	1 NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5					
9. Totle	MANAGING MEME	ERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP	LIMA, SOPHIA 7601 EAST TREAUSURE DRIV NORTH BAY VILLAGE, FL 331				000946596 08-80055-012	4444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUET, BARBARA 7601 EAST TREASURE DRIVE NORTH BAY VILLAGE, FL 331						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
indicated	certify that the information supplied w on this report is true and accurate ar bility company or the receiver or trust	nd that my signature shall have the	a same legal effect as if	made under oath: that I am a	ites. I further certify that a managing member of	t the information manager of the	
SIGNAT		La filme		¥/30/00	P Daytime Pr	one 4	

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