2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

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	6. Name	and Address of Current R	Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
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The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or r	registere	ed agent, or bol	th, in the State of Flo	rida. I ar	n familiar with	i, and accept
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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 exportance to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: HOW SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE