

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


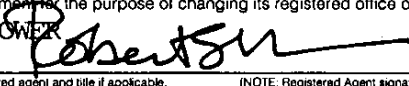
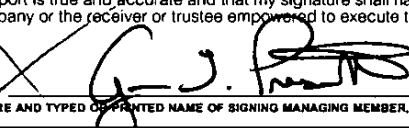
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Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90281 001 ***200.00

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01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000022041							
1. Entity Name 1219 WEST THARPE, LLC							
Principal Place of Business 3311 NOHLCREST PL PLANT CITY, FL 33566			Mailing Address 3311 NOHLCREST PL PLANT CITY, FL 33566				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-4024042			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HIGHTOWER, ROBERT S 241 EAST VIRGINIA STREET TALLAHASSEE, FL 32301			Name Robert S. Hightower				
			Street Address (P.O. Box Number is Not Acceptable) 128 Salem Court				
			City Tallahassee		FL	Zip Code 32301	
			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. ROBERT S. HIGHTOWER SIGNATURE  DATE 1/5/2007				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESCOTT, JAMES T 3311 NOHLCREST PL PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 			Date: 2-17-2007				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				