## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000022041** 

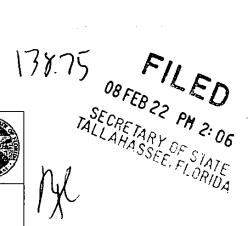
1. Entity Name 1219 WEST THARPE, LLC



Principal Place of Business

3311 NOHLCREST PL PLANT CITY, FL 33566 Mailing Address

3311 NOHLCREST PL PLANT CITY, FL 33566





01312008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number |
|----|------------|
|    | 20-4024042 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

813-828-1571

| 6. | Name and Address | s of Current Registered A | gent |
|----|------------------|---------------------------|------|

HIGHTOWER, ROBERT S 128 SALEM COURT TALLÄHASSEE, FL 32301

the obligations of registered agent.

SIGNATURE: 스

SIGNATURE AND TYPED

## DO NOT WRITE IN THIS SPACE

2-18-08

| SIGNATURE                              | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating)  DATE   |        |
|--|--|--|--------|
|  | NOW!!! FEE IS \$138.75<br>, 1, 2008 Fee will be \$538.75   |  |        |
| 9.                                     | MANAGING MEMBERS/MANAGERS  |  | _      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR PRESCOTT, JAMES T 3311 NOHLCREST PL PLANT CITY, FL 33566   | 800119546198<br>,03/06/0801012020 **555.00   | ٠.     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | 15K  |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | DO NOT WRITE   |        |
| TITLE NAME STREET ADDRESS -CITY-ST-ZIP |  | IN THIS SPACE  |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | •      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |        |
| 11. I hereby indicated limited lia     | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shallity company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee. | qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatio shall have the same legal effect as if made under oath; that I am a managing member or manager of the acute this report as required by Chapter 608, Florida Statutes. | n<br>e |

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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