2008 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS

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CITY-ST-ZIP

FILED ANNUAL REPORT Mar 06, 2008 08:00 A DOCUMENT # L05000023102 **Secretary of State** 1. Entity Name KUCHAREK, L.L.C. Principal Place of Business Mailing Address 11808 HOWEY CROSS ROAD 11808 HOWEY CROSS ROAD CLERMONT, FL 34711 CLERMONT, FL 34711 01252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1246848 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KUCHAREK, PAVAH DO NOT WRITE 11808 HOWEY CROSS ROAD CLERMONT, FL 34711 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) DATE FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME KUCHAREK, PAVAH 11808 HOWEY CROSS ROAD STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 U00000849553 MGRM TITLE KUCHAREK, DAVID NAME STREET ADDRESS 11808 HOWEY CROSS RD CITY-ST-ZIP CLERMONT, FL 34711 TITLE

03/21/08-80025-003 138.75

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.