


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90332 040 \*\*\*\*50.00

<b>DOCUMENT # L05000030473</b>	
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<b>Principal Place of Business</b> 112 N EAST STREET SUITE B TAMPA, FL 33602	<b>Mailing Address</b> 112 N EAST STREET SUITE B TAMPA, FL 33602
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<b>2. Principal Place of Business - No P.O. Box #</b> 2240 Belleair Rd Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33764 Country US	<b>3. Mailing Address</b> 2240 Belleair Rd Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33764 Country US
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60047385



04302007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b> LUKE CHARLES LIROT, P.A. 112 N EAST STREET SUITE B TAMPA, FL FL
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<b>7. Name and Address of New Registered Agent</b> Name LUKE CHARLES LIROT, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd Suite 190 City Clearwater FL FL Zip Code 33764
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<b>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.</b> SIGNATURE <u>Luke Lirot</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE 4.30.07
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 112 N EAST STREET SUITE B TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 2240 Belleair Rd, Suite 190 Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESERIO, DAVID 112 N EAST STREET SUITE B TAMPA, FL 33602 <input checked="" 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
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
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
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

<b>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.</b> SIGNATURE <u>Luke Lirot</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4.30.07 (727) 534-2100 Date Daytime Phone #
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