## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L05000030872 FILED ORANGE PEEL GAZETTE OF THE TREASURE COAST. Aug 18, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 2721 S. 10TH STREET P.O. BOX 3526 FORT PIERCE, FL 34982 FORT PIERCE, FL 34948 07052008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2592178 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent WINCHESTER, FRANK R DO NOT WRITE 2721 S. 10TH STREET FORT PIERCE, FL 34982 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 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGR TITLE WINCHESTER, THAMIS C NAME STREET ADDRESS **2721 S. 10TH STREET** U00000957939 08/18/08-80009-009 138.75 CITY-ST-ZIP FORT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 expecute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE