2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000031521

1. Entity Name 8793MM LLC

Mailing Address

Principal Place of Business 9516 INDIGO BRUSH DRIVE 9516 INDIGO BRUSH DRIVE AUSTIN, TX 78726 AUSTIN, TX 78726

FILED Apr 09, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01102008No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-4783410 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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| | e named entity submits this statement for the purpose of cha tions of registered agent | nging its registered office or registered agent, or bo | th, in the State of Florida 1 am familiar with, and acc | epi |
|--|---|--|---|-----------------|
| SIGNATURE. | Signature, typed or printed name of registered agent and title it applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | (NOTE INSPIRED APPRIATE OFFICE CONTENTS) | | n., <u>a -,</u> |
| 9. | MANAGING MEMBERS/MANAGERS | | 900000887803 04/21/08-80034-025 138.7S | |
| TOLE NAME | MGRM GILLER, BENITA | | | |
| STREET ADDRESS CITY+ST-7IP | 9516 INDIGO BRUSH DRIVE AUSTIN, TX 78726 | | | : |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | DO NOT WRITE IN THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | IN . | | |
| TITLE NAME | | | | |

11. Thereby 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.

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

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