2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000031990

1. Entity Name EGRET'S ROOST, LLC



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

825 VISTABULA ST. LAKELAND, FL 33801 Mailing Address

PO BOX 91971

LAKELAND, FL 33804-1971



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 25-1914360 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional 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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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 000000845575 03/14/08-80003-015 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAKAY SERVICES CORPORATION P.O. BOX 92733 LAKELAND, FL. 33804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2IP	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Managed of PRINTED NAME OF SIGNATUR MEMBER OF AUTHORIZED REPRESE

2/29/08 863 6860136
Daylime Phone #