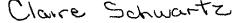
## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L05000039881 **FILED** CLAIRE SCHWARTZ & ASSOCIATES, LLC Jul 23, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 7380 SANDLAKE RD. 7380 SANDLAKE RD. SUITE 500 SUITE 500 ORLANDO, FL 32819 ORLANDO, FL 32819 07152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2733106 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SCHWARTZ, CLAIRE G DO NOT WRITE 7380 SANDLAKE RD. SUITE 500 IN THIS SPACE ORLANDO, FL FL. 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, typed or printed name of registered agent and title if applicable Y(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U000000956118 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. 07/23/08-80004-005 138.75 9, MANAGING MEMBERS/MANAGERS MLE MGRM SCHWARTZ, CLAIRE NAME 4866 WATER VISTA DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32821 TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EIGNATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, OR AUTHORICED REPRESENTATIVE



STREET ADDRESS CITY-ST-ZIP TOF NAME STREET ADDRESS CITY-ST-ZIP