## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 15, 2008 8:00 am Secretary of State

Secretary of State  O4-15-2008 9010 1046 ***138.75  150 175TH AVENUE, LLC  O4-15-2008 9010 1046 ***138.75  O4-15-2008 9010 104				<del></del>			Secre	tarv	UI SI	ait
\$584 RIO WISTA DR CLEARWATER, FL 33760  2. Principal Places II Bujeries . No P.O. Box M Sulfa, Value . Sulfa, V	1. Entity Nam	ie	955					•		
5584 RIO WISTA DR   CLEARWATER, FL 33760   COUNTY U.S.A.   CREARWATER, FL 33760   COUNTY U.S.A.   CREARWATER, FL 33760   COUNTY U.S.A.   CREARWATER, FL 33760   COUNTY U.S.A.   COUNTY U.S.	Principal Plac	e of Business	Mailing Address					<b>74</b>	ほのシリン	D
Sulfa, Apt. 18 of C. Sulfa, Ap	5584 RIO VIS	STA DR	5584 RIO VISTA DR					•	<b>ህ</b> ዜ ዲ ፓ ዲ ,	ฮ.
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Country   Coun	S	uite t	<u> Su</u>	Fe E			<del></del>	CR2E		Pr. 4 F
A Same and Address of Current Registered Agent  Per Registered  7. Name and Address of New Registered Agent	Indi	an Shores, tc	Indian ]	hores,	FC				N	ot Applicable
Name	337	185 USA	35/85	us	50				Fee Require	
D & B CORPORATE SERVICES, INC. S999 CENTRAL AVE, SUITE 202 ST. PETERSBURG, FL 33710  City FL Zip Code	-	11 1141114 1114 714411411	ogiotorea Agent	Name		7. Hullio Gil	a 2001033 OF 110	w itagistore	a waent	<del> </del>
City FL Zip Code  6. The above named entity supmits 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    The above named entity supmits 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 supmits 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.	5999 CEN	TRAL AVE., SUITE 202			ddress (f	P.O. Box Numb	per is Not Accept	table)		
The above named entity supmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Signature registered agent or path name of registered agent agent and See 3 applicable.   (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   International content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   International content of State	ST. PETER	RSBURG, FL <sub>.</sub> 33710								
the obligations of registered agent.  SIGNATURE    SIGNATURE   SIG		• • • • • • • • • • • • • • • • • • •		City	•			F	L Zip Coo	le
Synature, Typed or prelight name or registered apport and the originative apport and the projectable. (NOTE: Registered Apport signature regined unen remaining)  Refer May 1, 2008 Foe will be \$538.75    Make check payable to Florida Department of State	8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or	register	ed agent, or bo	oth, in the State o	f Florida. I ar	n familiar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGRM		Signature, typed or predict name of registered agent an	d title if applicable. (NOTE: Reg	gistered Agent signal	ura required	when reinstation)	-		<del> </del>	
TITLE NAME GANNAWAY, GUY L STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TI				•		w.m		DATE		
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CITY-ST-ZIP  CLEARWATER, FL 33763  TITLE NAME STALKER, MARK J STALKER ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May	1, 2008 Fee will be \$538.75  MANAGING MEMBER		10.			Flo	ilake check rida Depart	payable to ment of Stat	
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The reby certay that the information supplied with this fining does not quality for the exemptions contained in Chapter 113, Florida statutes. 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 AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #