2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # L05000058193 - Lefty Name and Address Desired - No PC). Box # 23334 LEMRA ME. Ft. 33954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA ME. Ft. 33954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA ME. Ft. 33954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA ME. Ft. 33954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA ME. Ft. 53954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA ME. Ft. 53954 2. Principal Pace of Business - No PC). Box # 23334 LEMRA Me. Ft. 600. 2. Principal Pace of Business - No PC). Box # 23334 LEMRA Me. Ft. 600. 2. Principal Pace of Business - No PC). Box # 23334 LEMRA Me. Ft. 600. 2. Principal Pace of Business - No PC). Box # 23334 LEMRA Address of Current Registered Agent	ANNOAL REPORT					Secretary of State				
2. Principal Place of Business - No P.O. Box # 2333 LEhingh Avenue	1. Entity Nan	ne	193							
Suite April 12 Suit	7173 S.W. CO. RD 769		23334 LEHIGH AVE							
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Countr			3. Mailing Address							
Port Charlett FL 20-3491169 Not Applied 250 Not Applied 33.954 U.S.A Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Requised	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	02112008 Chg-LLC CR2E083 (12/06)			
8. Name and Address of Current Registered Agent SMITH, RAYMOND J FL Zip Code 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 acc the collapsions of registered agent are registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent are registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent are registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, or both, in the State of Florida. I am familiar with, and acc the collapsions of registered agent, o	Port Charlotte, FL		·			1			No	t Applicable
SMITH, RAYMOND J 7173 S.W. CO. RD 769 ARCADIA, FL 34269 8. The above named entity submiss inis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature Signatur		USA		Country				Fee	Require	
SMITH, RAYMOND J 7173 S.W. CO. RD 769 ARCADIA, FL 34269 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 accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with, and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the purpose of the familiar with and accident to the pu		6. Name and Address of Current I	Registered Agent	Name		7. Name an	d Address of New	Registered Age	nt	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidence of the poligations of registered agent. SIGNATURE Signature Sign	7173 S.W.	. CO. RD 769		Street A	Address (I	P.O. Box Numb	per is Not Acceptab		Zin Code	9
THE NOW! IF FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 ITILE MANAGING MEMBERS/MANAGERS ITILE MANAGING MEMBERS/MANAGERS ITILE MARK SIMITH, RAYMOND J STREET ADDRESS CITY-ST-2P TITLE MARK STREET ADDRESS CITY-ST-2P TITLE MARK STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P								1	,	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MARE SMITH, RAYMOND J STREET ADDRESS CITY-ST-ZIP TITLE MARE ZYLSTRA, STEVE STREET ADDRESS CITY-ST-ZIP TITLE MARE ZYLSTRA, STEVE STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-S	the obligated SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:					DATE		and accept
TITLE MAME MAME MAME SIRET ADDRESS CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP T	After May	y 1, 2008 Fee will be \$538.75								
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ZYLSTRA, STEVE 23334 LEHIGH AVENUE	□ Delete	NAME STREET ADDRESS					Change	☐ Addition
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11. I hereby certify that the information supplied with this fiting 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:
SIGNATURE AND TAPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/08

941-380-9308