

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90079 048 ***138.75

DOCUMENT # L05000058741 1. Entity Name CINDERELLA EQUITIES, LLC																											
Principal Place of Business 701 SOUTHERN CT. GULF BREEZE, FL 32561		Mailing Address 701 SOUTHERN CT. GULF BREEZE, FL 32561																									
2. Principal Place of Business - No P.O. Box # 2 FAIRPOINT PLACE Suite, Apt. #, etc.		3. Mailing Address 2 FAIRPOINT PLACE Suite, Apt. #, etc.																									
City & State GULF BREEZE, FL Zip 32561		City & State GULF BREEZE, FL Zip 32561																									
4. FEI Number 56-2590623		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DEBRA SHEBBIE SHIELDS 701 SOUTHERN CT. GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2 FAIRPOINT PLACE City GULF BREEZE FL Zip Code 32561																									
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 <u><i>Debra Shields</i></u> DATE <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHIELDS, SHEBBIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 SOUTHERN CT. 2 FAIRPOINT PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF BREEZE, FL 32561</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	SHIELDS, SHEBBIE		STREET ADDRESS	701 SOUTHERN CT. 2 FAIRPOINT PLACE		CITY-ST-ZIP	GULF BREEZE, FL 32561		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Debra Shields</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/22/08</u> <small>Date Daytime Phone #</small>																									