2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 30, 2007 - 08:00 Al	
1. Entity Nam	MENT # L05000			Apr 30, 2007 08:00 A Secretary of State	
Principal Place of Business Mailing Address 810 S. STERLING AVENUE 810 S. STERLING AVENUE TAMPA, FL 33609 US TAMPA, FL 33609 US				- - 	
C		ITE IN THIS SPA	CE O4252007No Chg-LLC CR2E083 (11/05)		
6. Name and Address of Current Registered Agent GILBERT, LINWOOD H 810 S. STERLING AVENUE TAMPA, FL 33609				DO NOT WRITE IN THIS SPACE	
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 the if applicable (NOTE: Registered Agent agnature required when renstating) DATE Filling Fee Is \$50.00 Due by May 1, 2007					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGRM GILBERT, LINWOOD H 810 S. STERLING AVE. TAMPA, FL 33609 MGRM RAVENEL, STEPHEN D 2982 TEAL LANE CLEARWATER, FL 33762	MEMBERS/MANAGERS	-		
TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000743343 05/15/07-80106-012 50.00	
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 shell have the same legal effect as if made under oath; that I am a managing member or manager of the inmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:					

SIGNATURE AND TYPED OR PRINTED N OF. R, OR AUTHO D REPRESENTATIVE Daytime Phone #