
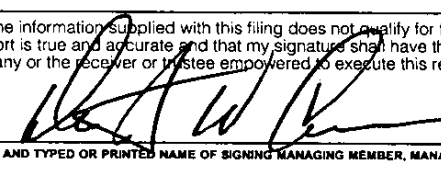


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90138 021 \*\*\*138.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L05000072507</b><br>1. Entity Name<br><b>363 DEGREES LLC</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>1325 DEL PRADO BLVD<br/>SUITE C<br/>CAPE CORAL, FL 33990 US</b>  |  |  | Mailing Address<br><b>1325 DEL PRADO BLVD<br/>SUITE C<br/>CAPE CORAL, FL 33990 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State<br><br>Zip Country  |  |  | City & State<br><br>Zip Country   |   |  |
| 4. FEI Number<br><b>20-3236246</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00</b> Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CARY, DAVID W MGR<br/>1325 C DEL PRADO BLVD SOUTH<br/>CAPE CORAL, FL 33990</b>  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> 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 accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CANY, DAVID W<br>1325 C DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | CARY, DAVID W<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CANY, BARBARA J<br>1325 C DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | CARY, BARBARA J.<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>4/30/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |   |   |  |

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04302008 Chg-LLC CR2E083 (12/06)