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ANNUAL REPORT				Mar 07, 2008 08:0	
1. Entity Nan	MENT # L05000072				Secretary of Sta
8148 HWY 3	ce of Business 347. Y, FL 32625	Mailing Address P.O. BOX 484 CEDAR KEY, FL 32625			
n . C.	·				
DO NOT WRITE IN THIS SPACE			· C =	02282008 No Chg-LLC	CR2E083 (12/07)
L	O NOI WRITE	IN THIS SPA	NCE	4. FEI Number 30-0326508	Applied For Not Applicable
	6. Name and Address of Current F			5. Certificate of Status Desired	\$5.00 Additional Fee Required
COLLINS, PATTI S 8148 HWY 347 CEDAR KEY, FL 32625			DO NOT WRITE IN THIS SPACE		
8. The above the obligate SIGNATURE.	o named entity submits this statement for tions of registered agent. Sprature, typed or printed dame of registered agent a	allins	ered Office or register		rida. I am familiar with, and accept
	: E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			U00000 03/25/08-	851117 90026-022 138.75
9.	MANAGING MEMBER	RS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PATTI S 8148 HWY 347 CEDAR KEY, FL 32625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, LLOYD L 8148 HWY 347 CEDAR KEY, FL 32625		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	
TITLE NAME			1		

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 of the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

5. Collins 3-5-08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> 362-545-5307 Daytime Phone #