2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086193 FILED 1. Entity Name Aug 20, 2008 08:00 AM Secretary of State IRENA MARI'S, LLC Principal Place of Business Mailing Address 2197 ORCHARD PARK DRIVE 2197 ORCHARD PARK DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 07082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3369398 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, EVELYN DO NOT WRITE 2197 ORCHARD PARK DRIVE SPRING HILL, FL 34608 IN THIS SPACE 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. (NOTE: Registered Agent alignature required when reinstating) FILE NOWIII FEE 18 \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGRM TITLE JONES, EVELYN NAME 2197 ORCHARD PARK DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-7IP TITLE NAME STREET ADDRESS

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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367-188-9796