DOCUI 1. Entity Nam	MENT # L05000		NY	FILED Apr 14, 2008 08:00 Al Secretary of State		
Principal Place 1420 SOUTH LAKELAND, F	FLORIDA AVE.	Mailing Address 1420 SOUTH FLORIDA AVE. LAKELAND, FL 33803				
D		TE IN THIS SPA	02182008 No Chg-LLC CR2E083 (12/07)			
	6. Name and Address of Cu PAUL S TH FLORIDA AVE. D, FL 33803	rrrent Registered Agent		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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent sgneture required when reinstating) DATE FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9. MANAGING MEMBERS/MANAGERS			1	00000051045		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, PAUL S 1420 SOUTH FLORIDA AV LAKELAND, FL 33803	E.	-			
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						
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Integrating and that of signing members of signing members, or Authorized REPRESENTATIVE Date Date Date Date Date Date Date Dat						

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