2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Principal Place of Business Amaling Address 3117 MEST COLUMBUS DR., #206 3	DÖCÜI 1. Entity Nam GO TO W	216				07 MAY -7 AM 10:	10				
Suite, Apt. 4, etc. City & State	3117 WEST COLUMBUS DR., #206			3117 WEST COLUMBUS DR., #206				TALLAHASSEE. FLO	ATE RIDA	leet de room	
City & State City & State City & State City & State City & State A. FER Number Sep -38.312.26 Name and Address of Current Registered Agent PRP Project Pres Pres Pres Pres Pres Pres Pres Pres	2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address BK			K				
Source S	Suite, Apt. #, etc.			Suite, Apt. #, etc.			·	05072007 Chg-LLC CF	R2E083 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent PINA, OLGA M ESO, 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Site of Florids. I am familiar with, and accept the collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of registered agent, or both, in the Site of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with, and accept the Collipators of Florids. I am familiar with,	City & State			City & State							
PINA, OLGA M ESO. 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602 City FL Zip Code	Zip	Zip Country		Zip Country		ntry		5. Certificate of Status Desired			
Side Address (P.O. Box Number is Not Acceptable) Side Address (P.O. Box Number is Not Acceptable) Side Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent. SIGNATURE Wasta create, payable to make the statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent. SIGNATURE Wasta create, payable to make the statement of the purpose of changing its registered office or registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iteratival with, and accept the collegators of registered agent, or both, in the State of Portida. I am Iterative agent, or both, in the State of Portida. I am Iterative agent, or both, in the State of Portida. I am Iterative agent, or both, in the State of Portida. I am Iterative agent, or both, in the State of Portida.		6. Name	and Address of Current F	egistered Agent		 					
TAMPA, FL 33602 City FL Zip Code 6. 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 fearalist with, and accept the obligations of registered agent. SIGNATURE Amended AR is \$50.00 BK Amended AR is \$50.00 BK AMMAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARK GOMEZ, ALBERTO GOMEZ,											
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the fa			LVD., STE. 1700			SueerA		P.O. Box number is not Acceptable)	T LEVE		
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the fa						<u>.</u> ,					
THE ODUGER, JOSEPH M STREET MORESS CITY-S1-2P TITLE MAKE STREET MO] '			「 」		
Amended AR Is \$50.00 BK Mark Cheek payable to be applied to a part of the top applied to be applied to be applied to a part of the applied to applied to applied to be applied to be applied to a part of the applied to applied to applied to applied to applied to the applied to applied to applied to a part of the applied to a part of the applied to applied to applied to applied to a part of the applied to a part o	 The above the obligat 	named entit tions of regis	ly submits this statement for tered agent.	the purpose of changing its	register	ed office o	r register	ed agent, or both, in the State of Florida.	I am familiar with,	and accept	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11 MANAGING MEMBERS/MANAGERS 110. ADDITIONS/CHANGES 111 MANAGING MEMBERS/MANAGERS 110. ADDITIONS/CHANGES 111 MANAGING MEMBERS/MANAGERS 111 MANAGING MEMBERS/MANAGERS 111 MANAGING MEMBERS/MANAGERS 111 MANAGING MEMBERS/MANAGING MEMBERS/MANAGING MEMBERS/MANAGING MANAGING MEMBERS/MANAGING MANAGING MEMBERS/MANAGING M	SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signal	ure required	when reinstating)	DATE		
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM GOMEZ, ALBERTO TITLE MGRM Alberto & Nicole Gomez, TBE MGRM Molecular MGRM M		····								1433 E. S. S.	
TITLE NAME OOMEZ, ALBERTO STREET ADDRESS CITY-ST-ZP TITLE NAME OOMEZ, TABLE NORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CI	A	mended /	AR is \$50.00		В	K		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	THE RESERVE THE PARTY OF THE PA		
NAME SITRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE TOUGER, JOSEPH M STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 ITILE MARE MARE STRET ADDRESS CITY-ST-2P TAMPA, FL 33607 TAMPA, F		LVCDV	MANAGING MEMBER				LUCDA	7.00			
TITLE MARKE STREET ADDRESS CITY-ST-ZP CITY-S		1	LZI bolok						☐ Change	X Addition	
MGRM Clange MGRM Clange MGRM Clange Make M	1	119 SOUTH DAKOTA AVENUE s									
MANE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607 TITLE MANE STREET ADDRESS CITY-ST-2P TITLE MANE STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MANE STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MANE STREET ADDRESS S		 					<u> </u>	·	Channe	[X] Addition	
CITY-ST-ZP TAMPA, FL 33607 TITLE MAME STREET ADDRESS CITY-ST-ZP TITL	NAME TOUGER, JOSEPH M			NAM		Æ	Joseph & Mariane Touger, TBE			Z HOUMEN	
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRES	1	1									
CITY-ST-ZP Tampa, FL 33629 TITLE	_			☐ Delete						■ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDITION TO ADDI		STP					1	,			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Additio	1			☐ Delete	TITE	E	MGRM	1	Change Change	☑ Addition	
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s / /s 5/7/07 813-222-1170	ľ						1		Gornez, 18E		
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP 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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s//s/ 5/7/07 813-222-1170-	CITY-ST-ZIP	ļ			СПУ	-ST-ZIP	Templ	e Terrace, FL 33617			
STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP 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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE	l .			☐ Delete					☐ Change	☐ Addition	
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 eath; 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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s / /s 5/7/07 813-222-1170-	STREET ADDRESS							وريد ويسرونيون		•	
NAME STREET ADDRESS CITY-ST-ZPP 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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s//s/ 5/7/07 813-222-1170-	<u> </u>	ļ			_		ļ	40010174			
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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s//s/ 5/7/07 813-222-1170-	1			∟∟ Dekete					☐ Change	∰ Addilion	
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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s//s/ 5/7/07 813-222-1170-	1										
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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. SIGNATURE: Olga M. Pina and Guillermo E. Gomez, Jr., TBE /s//s/ 5/7/07 813-222-1170-	11. I hereby	certify that th	ne information supplied with	this filing does not qualify fo	or the exe	emptions c	ontained	in Chapter 119, Florida Statutes, Liturther	certify that the info	ormation	
SIGNATURE:	indicated	d on this repo	ort is true and accurate and t	that my signature shall have	the sam	e legal effe	oct as if n	nade under oath; that I am a managing m	nember or manage	er of the	
SIGNATURE:			Olga M. Pina and Guille	ermo E. Gomez .lr. TRE	: /s	/ /s	/	5 <i>(7)</i> 07	813 222 4476	<u>,</u>	
	SIGNAT						·			-	

ESE L 05000118 216

-	REFERENCE AUTHORIZATION COST LIMIT	Spellèle	4326591		
ORDER DATE : M					
ORDER TIME : 1					
ORDER NO. : 8	185770-005			<u>-</u> -1	
CUSTOMER NO:	4326591			07 M SECI	
NAME:	ANNUAL REPOR' GO TO WATER,			MAY -7 AM 10: 16 CRETARY OF STATE LAHASSEF, FLORIDA	
XX ANNUAL RE	PORT		ВК	,	
PLEASE RETURN I	THE FOLLOWING A	S PROOF OF F			
SXX0 CERTIFI	STAMPED COPY CATE OF GOOD S' Cindy Harris		INITIALS: _		_