2008 LIMITED LIABILITY COMPANY

FILED Mar 27, 2008 08:00 A State

ANNUAL REPORT				Secretary of S	
1. Entity Nan	MENT # L05000120	118 `			·
13241 UNIV	ce of Business /ERSITY DRIVE S, FL 33907 US	Mailing Address 13241 UNIVERSITY DRIVE FORT MYERS, FL 33907 U	is .	 	IBNA NENI ADIRA NERE WELL INSEE UE IADI
DO NOT WRITE IN THIS SPAC					
			CF	02182008 No Chg-LLC	CR2E083 (12/07)
			JL ,	4. FEI Number 20-4083223	Applied For Not Applicable
·				5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
BOLANOS & TRUXTON P.A. 12800 UNIVERSITY DR STE 350 FORT MYERS, FL 33907		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
SIGNATURE			ed Agent signature required	I when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		•		
9.	MANAGING MEMBER	S/MANAGERS	-	Honon	10071 CQC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASMAN, GARY 13241 UNIVERSITY DRIVE FORT MYERS, FL 33907			04/10/08	10871595 3-80004-015 138.75
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WF	RITE .
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SPA	ACE
			-		

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE: January Signature and Printed name of Signing Managing Member, or authorized Representative