2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | Apr 30, 2000 00.0 | | |
|--|--|---|---|-------------------------------------|--------------------------------------|--|
| 1. Entity Name | MENT # L05000120 | 833 | | | Secretary of St | |
| Principal Place 1014 NORTH ARCADIA, FL | I MILLS AVENUE | Mailing Address 1014 NORTH MILLS AVENUE ARCADIA, FL 33821 | | | | |
| | | | | 04252008 No Chg-LLC CR2E083 (12/07) | | |
| DO NOT WRITE IN THIS SPA | | | CE | 4, FEI Number 20-3983796 | Applied For Not Applicable | |
| | 6. Name and Address of Current I | , , | T | 5. Certificate of Status Desired | □ \$5.00 Additional Fee Required | |
| VILLANUEVA, PEDRO R MD 1014 NORTH MILLS AVENUE ARCADIA, FL 33821 | | DO NOT WRITE IN THIS SPACE | | | | |
| | named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent is | | ed office or register | | rida. I am familiar with, and accept | |
| FILE After May | : NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | · · · · · · · · · · · · · · · · · · · | | | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBE MGRM VILLANUEVA, PEDRO R MD 3600 CREEKSIDE DRIVE SEBRING, FL 33875 | RS/MANAGERS | • | 00000 05/23/08 | -80094-007 138.75 | |
| NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT W IN THIS SE | RITE | |

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: In Villanua

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/28/08 863-494-1553

Fonder M. Villahueva

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

Daytime Phone