

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000002662**

1. Entity Name  
208 HOLDINGS, L.L.C.



Principal Place of Business  
9701 BEVERLY S. ECKHARDT  
C/O BEVERLY S. ECKHARDT  
RIVERVIEW, FL 33569

Mailing Address  
9701 BEVERLY S. ECKHARDT  
C/O BEVERLY S. ECKHARDT  
RIVERVIEW, FL 33569



04162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2192968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CONE, THOMAS E JR, ESQ  
150A WHITAKER RD  
LUTZ, FL 33549-7611

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000908305  
05/06/08-80024-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME ECKHARDT, BEVERLY S  
STREET ADDRESS 9701 SUNNYOAK DRIVE  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE MGRM  
NAME SMOLEK, GARY W  
STREET ADDRESS 4 E. PARK AVE.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM  
NAME SMOLEK, MICHAEL A  
STREET ADDRESS P.O. BOX 32  
CITY-ST-ZIP ST. MARY CITY, MD 20686

TITLE MGRM  
NAME SMOLEK, KENNETH E  
STREET ADDRESS P.O. BOX 50881  
CITY-ST-ZIP EUGENE, OR 97405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

*Beverly S. Eckhardt*  
**SIGNATURE: Beverly S. Eckhardt**

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

4/17/08 813/340-8690  
Date Daytime Phone #