2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000003970



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO MAY I DIN O

CARÓLINA CLASSIFIEDS.COM L'LC							US MAY -1 PM 2: 33
Principal Place of Business 410 SOUTH WARE BOULEVARD, SUITE 303 TAMPA, FL 33619			Mailing Address 410 SOUTH WARE BOULEVARD, SUITE 303 TAMPA, FL 33619)3	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04162008 Chg-LLC CR2E083 (12/06)
City & State		City & State				4. FEI Number Applied For 20-4143767 Not Applicable	
Zip		Country	Zip	Country			5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent					Name		7Name and Address of New Registered Agent
CARNEY STANTON CHARTERED 901 GEORGE BUSH BOULEVARD							
DELRAY E			Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Code
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							
Make check payable to							
Amended AR is \$50.00							Florida Department of State
9.		MANAGING MEMBE	I	10.			ADDITIONS/CHANGES
TITLE	MGRM		☐ Delete	ime			☐ Change ☐ Addition
NAME STREET ADDRESS	AME MANDT, RICHARD D TREET ADDRESS 410 SOUTH WARE BOULEVARD		SUITE 303	NAM	E Et adoress		
CITY-ST-ZIP			5, 56172 505		-ST-ZiP		
TITLE			☐ Delete	TITLE	:	MGR	Change K Addition
NAME STREET ADDRESS				NAM STRE	E Et adoress	Scor	H F. Patterson Airport Rd
CITY-ST-ZIP	İ				-SI-ZIP	MACH	100m, 100, 2X110
TITLE			☐ Delete	TITLE		MGR	EM J. STANTON III Change Addition LTER J. STANTON III Change Addition George Bush Blud George 30483
NAME STREET ADDRESS				NAM	E Et adoress	COL	Gongge Bush Blud
CITY-ST-ZIP					-ST-ZIP	201	RAY BEACH F1 33483
TITLE			☐ Delete	TITLE		<u> </u>	☐ Change ☐ Addition
NAME				NAM			•
STREET ADORESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP		
TITLE				TITLE			40012854034dian
NAME	Į.		l Flielete				
STREET ADDRESS			☐ Delete	NAMI			05/05/0801047016 **50.0b
CITY-ST-7IP			∟ Delete	. Stre	E Et address		05/05/0801047016 **50.00
CITY-ST-ZIP				NAMI STRE CITY	E ET ADDRESS -ST-ZIP		05/05/080104?016 ***50.00
CITY-ST-ZIP TITLE NAME		:	☐ Delete	. Stre	ET ADDRESS -ST-ZIP		05/05/080104?016 **50.00 Addition
TITLE NAME STREET ADDRESS		:		NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS		05/05/080104?016 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	carify that the	:	☐ Delete	NAMI STRE CITY TITLE NAMI STRE CITY	E ET ADDRESSST-ZIP E E ET ADDRESSST-ZIPST-ZIP	otoio a d	05/05/080104?016 **50.00
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	on this repo	rt is true and accurate and	☐ Delete this filling does not qualify for	NAMI STRE CITY TITLE NAMI STRE CITY or the exert	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP mptions con	at as if m	05/05/0801047016 **50.00 Change Addition in Chapter 119, Florida Statutes. I further certify that the information hade under oath; that I am a managing member or manager of the
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	on this repo	rt is true and accurate and	☐ Delete this filling does not qualify for that my signature shalf have	NAMI STRE CITY TITLE NAMI STRE CITY or the exert	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP mptions con	at as if m	05/05/0801047016 **50.00 Change Addition in Chapter 119, Florida Statutes. I further certify that the information hade under oath; that I am a managing member or manager of the