AMENDED

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-07-2008 90086 047 ***138.75
L06000008024

FILED
08 FEB 18 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600006428

01072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000008024

1. Entity Name
TEXAS 12405, LLC

Principal Place of Business	Mailing Address
118 LONGWOOD AVENUE LAKEWAY, TX 78734	118 LONGWOOD AVENUE LAKEWAY, TX 78734
2. Principal Place of Business - No P.O. Box # 14360 FALCON HEAD Blvd	3. Mailing Address 1423 S.E. 10th St.
Suite, Apt. #, etc. #150	Suite, Apt. #, etc. #1
City & State Austin TX	City & State CAPE CORAL, FL
Zip 78738 Country USA	Zip 33990 Country USA

4. FEI Number 20-4166972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEDEM, ILAN
1423 SE 10TH ST #1
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name

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 ______ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTRADA, ANGELA S 118 LONGWOOD AVENUE LAKEWAY, TX 78734 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Angela Estrada 1-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #