2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L06000010780

1. Entity Name
WARREN HIRT, LLC



.....

Principal Place of Business 7401 SEBASTIAN RD FT. PIERCE, FL 34951 Mailing Address 7401 SEBASTIAN RD FT. PIERCE, FL 34951

FILED Jan 31, 2008 08:00 AN Secretary of State



01282008 No Chg-LLC

CR2E083 (12/07)

I. FEI Number				Applied For
26-7940265				Not Applicable
S. Certificate of Status Desired	П	\$5.0	10	Additional

5. Certificate of Stat

\$3.00 Additiona

Davime Phone #

6.	Name and	Address	of	Current	Regis	stered	Agent

HIRT, WARREN 7401 SEBASTIAN RD FT. PIERCE, FL 34951

SIGNATURE:

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 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRT, WARREN 7401 SEBASTIAN RD FT. PIERCE, FL 34951		H000000024.0E ;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000807135 02/06/08-80069-025 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature stability company or the raceiver or trustee empowered to extend the company or the raceiver or trustee empowered to extend the company or the raceiver or trustee empowered to extend the company or t	dalify for the exemptions contained in Chapter 1 fell have me same legal effect as if made under c cute his report as required by Chapter 608, Floric	19, Florida Statutes. I further certify that the information ath; that 1 am a managing member or manager of the la Statutes	