2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2008 08:00 A tate

DOCUMENT # L06000013492				\mathbf{S}	Secretary of Si
1. Entity Name FISHER FIX-IT LLC				~	corounty or a
FISHER	rix-II LLC				
Principal Plac	e of Business	Mailing Address			
	LES GRANT RD. 34997 US	5620 SE MILES GRANT RD. Stuart, FL 34997 US			
DO NOT WRITE IN THIS SPA			CE	01042008No Chg-LLC	CR2E083 (12/07)
				4. FEI Number 84-1705323	Applied For Not Applicable
				5. Certificate of Status Desired	□ \$5.00 Additional Fee Required
	6. Name and Address of Current Ro	egistered Agent			•
FISHER, GEORGE B JR. 5620 SE MILES GRANT RD.			DO NOT WRITE		
STUART, FL 34997			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 life if applicable (NOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS	S/MANAGERS			
TITLE NAME	MGR FISHER, GEORGE B JR.				
STREET ADDRESS	5620 SE MILES GRANT RD.		1		
CITY-ST-ZIP	STUART, FL 34997				
TITLE				AUDOUDE .	52224
NAME STREET ADDRESS				03/26/08-8	52324 10023-016 138.75
CITY-ST-ZIP			1		}
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP		,		DO NOT WE	RITE
TITLE				IN THIS SPA	
NAME CIRCULADORECO				THE STREET STATES	The Theory Character
STREET ADDRESS CITY-ST-ZIP					

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 of the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

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

URE: JULY B. TISHON, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

772-287-9476