2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000014354

1. Entity Name

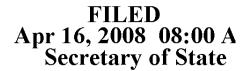
SINGELTARY ENTERPRISES, LLC



Principal Place of Business

P.O. BOX 1443 LEESBURG, FL 34749 Mailing Address

P.O. BOX 1443 LEESBURG, FL 34749





01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	_
20-4292704	Not Applicab	ıle
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

SINGLETARY, G. RICHARD 550 W. MAIN STREET TAVARES, FL 32778

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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	inging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registared agent and lute if applicable	(NOTE. Registered Agent signature required when reinstating)	_ DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000901354 04/29/08-80065-016 138.75

9	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SINGLETARY, G RICHARD
STREET ADDRESS	550 W MAIN ST
CHTY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP
TITLE

NAME --STREET ADDRESS CITY-ST-ZIP, DO NOT WRITE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Floride 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: 6. Ruisel Sy

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

125/08 352-742-420

Daytime Phone #