2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L06000014484

1. Entity Name

2563 NORTH TOLEDO BLADE BOULEVARD, LLC.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236 Mailing Address

C/O THOMAS B. LUZIER P.O. BOX 3948 SARASOTA, FL 34230



04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4328390	 	Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired

6. Name and Address of Current Registered Agent

LUZIER, THOMAS B 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236

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4/23/08 941-544-1006

SARASUI	A, FL 34236	IN THIS SPACE
	named entity submits this statement for the purpose of changing it ions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		TE, Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENERSICH, PETER 1621 STANFORD LANE SARASOTA, FL 34231	05/29/08-80079-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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11. I hereby of indicated limited lia	pertify that the information supplied with this filing does not qualify on this report is true and accurate and that my signature shall hav billity company or the receiver or trustee empowered to execute this	for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information we the same legal effect as if made under oath; that I am a managing member or manager of the is report as required by Chapter 608, Florida Statutes.