2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 17, 2008 08:00 A	
DOCUMENT # L06000020636				Secretary of State	
Principal Plac P.O. BOX 79 CHIEFLAND,		Mailing Address P.O. BOX 790 CHIEFLAND, FL 32626		A MARTAN AN BANKANN AAN AAN AAN AAN AAN AAN AAN AAN A	III 1 <b>1 I</b>
DO NOT WRITE IN THIS SPA			PACE	01172008 No Chg-LLC       CR2E083 (12/07)         4. FEI Number 20-4479820       Applied For Not Applicable         5. Certificate of Status Desired       \$5.00 AddItional Fee Required	
<b>515 EAST</b>	6. Name and Address of C L CORPORATE RESEAU PARK AVENUE SSEE, FL 32301			DO NOT WRITE IN THIS SPACE	
the obliga SIGNATURE FILI	ations of registered agent.	red agent and bits if applicable. (NOTE: Re	gistered office or register	ed agent, or both, in the State of Florida. Tam familiar with, and when reinstating) DATE U000000901899 04/29/08~90086~018_13	
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WHITE, JUANITA M	MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			_	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS			 		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	d on this report is true and accu ability company or the receiver	rate and that my signature shall have th or trustee empowered to execute this re	ne same legal effect as i	d in Chapter 119, Florida Statutes. I further certify that the informade under cath; that I am a managing member or manager pter 608, Florida Statutes. 4/11/08 $400$ $400$ $430$ $700$	r of the
		NAME OF SIGNING MANAGING MEMBER, OR AUT	HORIZED REPRESENTATIVE	Date Daytime Phone #	