


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90020 043 \*\*\*138.75

<b>DOCUMENT # L06000024241</b>	
1. Entity Name 6205-6207 CORTEZ ROAD WEST, LLC	

Principal Place of Business 6205-6207 CORTEZ ROAD WEST BRADENTON, FL 34210	Mailing Address 6205-6207 CORTEZ ROAD WEST BRADENTON, FL 34210
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2. Principal Place of Business - No P.O. Box # 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.	3. Mailing Address 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243	Country U.S.



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4441161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MACINTER CORPORATION 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243
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7. Name and Address of New Registered Agent Name MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY City SARASOTA FL Zip Code 34243
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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 <i>Juan C. Curci</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>042208</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, JUAN 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURCI, JUAN 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNARD, GEORGE 209 KEDRON AVENUE FOLSOM, PA 19033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WILLIAM S 209 KEDRON AVENUE FOLSOM, PA 19033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBERINI, ANTHONY 62056207 CORTEZ ROAD WEST BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBERINI, ANTHONY 1012 ESTREMADURA DRIVE BRADENTON, FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: <i>Juan C. Curci</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>042208</i> <small>Date</small>	PHONE <i>941 3515310</i> <small>Daytime Phone #</small>
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