2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

Schopfield Status State	ANNOAL REPORT					Secretary of State			
LAND O' LAKES, FL 34639 US AND O' LAKES, FL 34639 US 2. Principal Place of Business - No P.O. Box #	1. Entity Nam	ne]				
Suite, Apt. #, etc. Suite, Ap	25731 FRITH STREET 25731 FRITH STREET			9 US					
City & State LARKO FL Country Country Span 77/ Span 27/ Span 377/ Country Span 377/ Span 377/ Country Span 377/ Country Span 377/ Span 377/ Country Span 377/ Span 377/ Country Span 377/ Span 377/ City FL Zip Code 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 a the obligations of registered agent. SIGNATURE Span 17/ Span 18/ Span	451 CENTRALPARK 451 CENTRA			CAL PARK					
ARGO FL ARGO	Suite, Apt. #, etc. Suite, Apt. #, etc.						CR2E083 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOFIELD, JAMES 451 CENTRAL PARK LARGO, FL 33771 City FL Zip Code 6. 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 a the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 ITILE MARK SCHOFIELD, JAMES STREET ADDRESS CITY-ST-ZIP TITLE MARK SIREET ADDRESS CITY-ST-ZIP Delete TITLE MARK SIREET ADDRESS CITY-ST-ZIP TITLE MARK SIREET ADDRESS CITY-ST-ZIP Delete TITLE MARK SIREET ADDRESS CITY-ST-ZIP Delete TITLE MARK SIREET ADDRESS CITY-ST-ZIP Change C	LARGO, FL		LARGO, FL						
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, speed or preed name of registered agent and tole if applicable. (NOTE: Registered Agent signature inquired when renstating) DATE ### Provided Provided Report and tole if applicable. ### Provided Report agent, or both, in the State of Florida. I am familiar with, and a familiar		6. Name and Address of Current I	Registered Agent	Name	7. Name an	d Address of New Re	gistered Agent		
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 a the obligations of registered agent. SIGNATURE Signature, hipdu or crited name of registered agent and ide if applicable. (NOTE Registered Agent signature required when remastaring) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SCHOFIELD, JAMES STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 Delete ITTLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete ITTLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	451 CENTRAL PARK		Street Addres	s (P.O. Box Numb	per is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, typed or owned name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	'			City			FI Zip Cod	е	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP 11. Thereby 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				Addition	

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

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OH AU

2-11-08

864-787-1222

Daytime Phone #