2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Apr 27, 2000 00.0	
DOCUI 1. Entity Nam TONOBH		154 · ·			Secretary of St
9848 SLOAN	ce of Business NE STREET -L 32827-7052	Mailing Address 9848 SLOANE STREET ORLANDO, FL 32827-7052] 	
·, :				01052008 No Chg-LLC	CR2E083 (12/07)
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 20-4785225 5. Certificate of Status Desired	Applied For Not Applicable
			3	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	egistered Agent			
9848 SLOA ORLANDO	EMBERTO J PANE STREET D. FL 32827-7052			DO NOT W IN THIS SP	PACE
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 Signature, typed or printed name of registered agent and title of applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					00932194 8-80046-001 138.75
9.	MANAGING MEMBERS	S/MANAGERS	-		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITAR, REMBERTO J 9848 SLOANE STREET ORLANDO, FL 328277052				
TITLE NAME STREET ADDRESS	MGRM BITAR, TAMMY E 9848 SLOANE STREET				
Crty-St-ZIP	ORLANDO, FL 328277052				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
TITLE NAME STREET ADDRESS				IN THIS SF	ACE

11. I hereby certify that the information supplied with this filling 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:

CHY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP

W

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

410/08

351-AK36132

Dale

Daytime Phone #