2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# L06000055639

Entity Name: ANKIN LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1709 ANASTASIA WAY SO
ST. PETE, FL 33712

New Principal Place of Business:

Current Mailing Address:

1709 ANASTASIA WAY SO
ST.PETERSBURG, FL 33712

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOVETT, TRIKA S
1709 ANASTASIA WAY SO
ST.PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LOVETT, TRIKA S
Address: PO BOX 12216
City-St-Zip: ST. PETE, FL 33712

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRIKA S LOVETT MS 03/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date