

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082865

FILED
Apr 17, 2008
Secretary of State

Entity Name: 1250 ROGERS STREET, LLC

Current Principal Place of Business:

1250 ROGERS STREET
SUITE E
CLEARWATER, FL 33756

New Principal Place of Business:

116 CRESTWOOD COURT SOUTH
SAFETY HARBOR, FL 34695

Current Mailing Address:

1250 ROGERS STREET
SUITE E
CLEARWATER, FL 33756

New Mailing Address:

116 CRESTWOOD COURT SOUTH
SAFETY HARBOR, FL 34695

FEI Number: 11-3805148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: LEVIN, LEONARD D
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: LEVIN, CAROL J
Address: 1250 ROGERS STREET, SUITE E
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVIN, LEONARD D
Address: 116 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM (X) Change () Addition
Name: LEVIN, CAROL J
Address: 116 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

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: LEONARD D. LEVIN

MGR

04/17/2008

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