## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Feb 04, 2008 08:00 AN Secretary of State

4073245432

Daytime Phone #

DOCU 1. Entity Nar KNG, LL			Secretary of Sta
	ce of Business Mailing Address SBRIDGE DRIVE 559 QUEENSBRIDGE DRIVE FL 32746 LAKE MARY, FL 32746		 
eg erige	OO NOT WRITE IN THIS SPA	CE.	01292008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For 51-0605098 Not Applicable
<u> </u>	the following growth and the second problems as the		5. Certificate of Status Desired Solution Status Desired Fee Required
171 CIRCI MAITLANI	D, FL 32751		DO NOT WRITE IN THIS SPACE
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 if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUBATAN, CATHERINE A 559 QUEENSBRIDGE DRIVE LAKE MARY, FL 32746	e de la dela de	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			en general og finne store en gredelte bekenne kommer en
NAME STREET ADDRESS CITY-ST-ZIP			
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 cath; 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.			