

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90034 047 \*\*\*138.75

**60038954**



02072008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000100052</b> 1. Entity Name 1411 EAST AVENUE, LLC					
Principal Place of Business 13118 LAKEWIND DRIVE CLERMONT, FL 34711			Mailing Address 13118 LAKEWIND DRIVE CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5453262</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERIDETH C. NAGEL, P.A. 953 10TH STREET CLERMONT, FL 34711				Name Street Address (P.O. Box Number is Not Acceptable) <b>450 E. Hwy 50, Ste 4</b> <b>Clermont</b> <b>FL</b> Zip Code <b>34711</b>	
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		 Merideth C. Nagel		DATE <b>4/30/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAUTIVA, ARMANDO E		NAME		
STREET ADDRESS	13118 LAKEWIND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAUTIVA, VILMARY		NAME		
STREET ADDRESS	13118 LAKEWIND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby 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 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: ARMANDO Tautiva			Date: <b>12/28/07</b> 352-394-7408 Daytime Phone #		