


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90039 001 \*\*\*100.00

<b>DOCUMENT # L06000103775</b> 1. Entity Name 4480 CLEVELAND AVENUE, LLC	
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Principal Place of Business 3949 EVANS AVENUE, #307B FT. MYERS, FL 33901	Mailing Address 3949 EVANS AVENUE, #307B FT. MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box # 1665 Colonial Blvd	3. Mailing Address 1665 Colonial Blvd
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907 Country USA	Zip 33907 Country USA



07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 74-3192338	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EASTERBROOK, JEFF 3949 EVANS AVENUE, #307B FT. MYERS, FL 33901	7. Name and Address of New Registered Agent Name JEFF EASTERBROOK Street Address (P.O. Box Number is Not Acceptable) 1665 Colonial Blvd City Fort Myers FL Zip Code 33907
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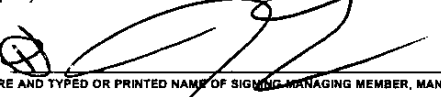
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is <b>\$50.00</b> Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTERBROOK, JEFF 5245 CEDARBEND DRIVE, #1 FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASKO, ALLEN 5245 CEDARBEND DRIVE, #1 FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **JEFF EASTERBROOK** Date **9/6/07** Daytime Phone # **921-8769**