

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/29/2008-90048-007-\$150.00-\$150.00

FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000105545</b><br>1. Entity Name<br><b>SLPH LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                            |                                                                       |  |  |
| Principal Place of Business<br><b>7920 22ND AVE. WEST<br/>BRADENTON, FL 34209</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            | Mailing Address<br><b>7920 22ND AVE. WEST<br/>BRADENTON, FL 34209</b> |                                                                                   |  |
| 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<br><b>APPLIED FOR 20-586316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>PARKER-HEITEL, SUSAN L<br/>7920 22ND. AVE WEST<br/>BRADENTON, FL 34209</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| 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 reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |                                                                       | Make check payable to<br><b>Florida Department of State</b>                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRES<br>PARKER-HEITEL, SUSAN L<br>7920 22ND AVE. WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>HEITEL, ALEXANDRA R<br>7920 22ND AVE. WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete      |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TRES<br>HEITEL, MORGAN A<br>7920 22ND. AVE WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete       |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEC<br>HEITEL, JOSHUA D<br>7920 22ND. AVE. WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete       |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>HEITEL, DANIEL B<br>7920 22ND. AVE. WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete       |                                                                                                            |                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <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. |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Susan Parker Heitel</i> <span style="float: right;">9-15-08 941-504-4000</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Oaytime Phone #</small>                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                                            |                                                                       |                                                                                   |  |

*Heitel*