

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108414

**FILED**  
**Jan 11, 2007**  
**Secretary of State**

**Entity Name:** MAKE US AN OFFER EIGHT, LLC

**Current Principal Place of Business:**

1324 SEVEN SPRINGS BOULEVARD, SUITE 363  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

1324 SEVEN SPRINGS BOULEVARD  
#363  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1324 SEVEN SPRINGS BOULEVARD, SUITE 363  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

1324 SEVEN SPRINGS BOULEVARD  
#363  
NEW PORT RICHEY, FL 34655

**FEI Number:** 20-5513743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARLAN, BRUCE  
1324 SEVEN SPRINGS BOULEVARD, SUITE 363  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

HARLAN, BRUCE  
1324 SEVEN SPRINGS BOULEVARD  
#363  
NEW PORT RICHEY, FL 34655 US

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:**

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SPEZZA, DAVID  
Address: 1324 SEVEN SPRINGS BLVD #363  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** DAVID SPEZZA

MGRM

01/11/2007

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