2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

| DOCUMENT # L06000109196 1. Entity Name 1418, LLC | | | Se | cretary or s |
|---|--|---------|----------------------------------|-----------------------------------|
| Principal Place of Business | Mailing Address | <u></u> | | |
| 790 HILLBRATH DR LANTANA, FL 33462 | 790 HILLBRATH DR Lantana, Fl 33462 | | | |
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| gar and the second | · | | 02212008 No Chg-LLC CF | R2E083 (12/07) |
| DO NOT WRITI | E IN THIS SPA | CE | 4. FEI Number 20-5860248 | Applied For Not Applicable |
| | A Company of the Comp | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | the speciment of the | er in the second |
| GUSMANO, CHARLES MANAGER 790 HILLBRATH DR LANTANA, FL 33462 | | | DO NOT WRI | .) |

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 | 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 NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000910126 05/06/08-80098-008 138.75

| 9. | MANAGING MEMBERS/MANAGERS | | |
|---|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUSMANO, CHARLES MANAGER 790 HILLBRATH DR LANTANA, FL 33462 | A STATE OF THE STA | |
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| 11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this coast is true and contained on this coast is true and contained on the coast is true and contained on the coast is true and coast in true and coast | | | |

11. I needby certify that the information supplied with this thang does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2/22/08

<u>561-582-6688</u>

Daytime Phone #