## **2008 LIMITED LIABILITY COMPANY**

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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**FILED** 00 Al ate

	ANNUAL	REPORT		Mar 27, 2008 08:0	
1. Entity Nam	MENT # L06000116	Secretary of		Secretary of St	
3475 S. OCE # 109	e of Business AN BLV 1, FL 33480 US	Mailing Address 3475 S. OCEAN BLV # 109 PALM BEACH, FL 33480	JS		
	O NOT WRITE	IN THIS SPA	CE	03212008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For Not Applied For Not Applied Status Desired   5. Certificate of Status Desired   □ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TARZIA, DEAN 5767 TREASURE LANE GRANT, FL 32949				DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for logis of registered agent.  Stanaure hyped or printer name of registered poent and	realer	red office or register	ed agent, or both, in the State of Florida. Lam familiar with, and accept 3/25/08.	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	0	•		
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER MGR SIEGLER, MARIE 3475 S. OCEAN BLV, #109 PALM BEACH, FL 33480	RS/MÁNAGERS		U00000872335 04/10/08-80035-011 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u>.</u>		
NAME STREET ADDRESS CITY-ST-ZIP			_	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			-	IN THIS SPACE	

11. I nereby 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: My C			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	