


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000117663
 1. Entity Name
 1215C WEST THARPE STREET, L.L.C.



Principal Place of Business Mailing Address
 1215 WEST THARPE STREET 1215 WEST THARPE STREET
 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-0908637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BREWSTER, JAMES R ESQ
 547 N. MONROE STREET, SUITE 203
 TALLAHASSEE, FL 32301

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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 _____

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

000000775832
 01/08/08-80045-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS COMMUNICATIONS, INC. 5046 TENNESSEE CAPITAL BLVD. TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 2 2 5 CFO 1/7/08 850 385 1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #