




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

04-07-2008 90232 008 ***138.75

DOCUMENT # L07000002342 1. Entity Name SQUARE W HOLDINGS, LLC					
Principal Place of Business 5802A EAST FOWLER AVENUE STE 121 TEMPLE TERRACE, FL 33617			Mailing Address 5802A EAST FOWLER AVENUE STE 121 TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">30006178</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01042008 Chg-LLC CR2E083 (12/06) </div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 20-8198246 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent LANIGAN, DAVID C 10927 NORTH 56TH STREET TAMPA, FL 33617-3000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete WILLIAMS, WALLACE F 11404 TULLAMORE PLACE TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
SIGNATURE: 			4/4/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

30006178

Square W Holdings, LLC

5802-A East Fowler Ave Suite 121 Temple Terrace, Florida 33617
Ph: (813) 984 0107 Fax: (813) 984 4693

May 9, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: Filings for

Square W Recreations, LLC, Ref #: L07000030422

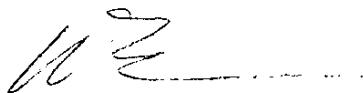
Square W Holdings, LLC Ref #: L070000023742

Discovery One, LLC, Ref #: L07000058970

Per your request you will find enclosed the documents returned with the requested information. No payment has been included as your letter acknowledged receipt and retainment of filing funds in the amount of \$138.75 per each entity.

Should you have any questions, please do not hesitate to contact us and we appreciate your assistance in resolving this matter.

Sincerely,



Walt Williams