2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Aug 31, 2007 8:00 am Secretary of State DOCUMENT # L07000002805 -07-20-2007 90040 015 ****50.00 1. Entity Name JEANNE ANNE MARIE DE SARIO L.L.C Principal Place of Business Mailing Address UUU*~~~ 202-THIRD AVE SW 202-THIRD AVE SW RUSKIN FL 33570 RUSKIN FL 33570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apl. #, etc. Suite. Apt. #. etc. 2nd MOORE CR2E083 (4/07) City & State City & State 4. FEI Number Applied For 74-3229033 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE SARIO, JEANNE A Street Address (P.O. Box Number is Not Acceptable) 202-THIRD AVE SW RUSKIN FL 33570 Zip Code FL 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, typed or prioritid hame of repistarian again unphilia 4 applicable INOTE Registered Agent signature retraced when re-DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete HILE ☐ Change Addition NAME DE SARIO, JEANNE A NAME 202-THIRD AVE SW STREET ADDRESS STREET ADORESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP TITLE Delete_ TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP TITLE ☐ Defete DHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP INLE ☐ Detete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ATTACHMENT The Digital Daily

DEPARTMENT OF THE TREASURY

Form SS-4

Federal Tax ID / EIN

See separate instructions for each line. Keep a copy for your records. OMB No. 1545-0003	reasury	government agencies, Indian t	Noyer Identification Number ations, partnerships, trusts, estates, churches, tribal entities, certain individuals, and others.)	
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IRS Form SS-4 EIN

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	oximate date when, and city and state where, the application was filed. Enter previous employer identificated that when filed (month, day, year) City and state where filed Previous employer.	cation number if known. ous EiN	
	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions	about the completion of this form	
Third]	Designee's name	Designee's telephone number (include area code)	
Party Designee	Address and ZIP code	() Designee's fax number (include area code) ()	
correct, and	titles of perjury, I declare that I have examined this application , and to the best of my knowledge and belief, it is true, complete. Itille (type or print clearly) Not Required Date December 07, 2006 GMT	Applicant's telephone number (include area code) (8/3)(0)-9338 Applicant's fax number (include area code) (8/3)645-5667	
For Priva	cy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N	Form SS-4 (Rev. 12-2001)	

ALLACHMENT

ARTICLE IV- Manager(s) or Managing Member(s):

<u>Citle:</u> MGR" = Manager MGRM" = Managing Mem	Name and Address:
MGR	JEHUNE ANNE MARTE DESARIO
Jse attachment if necessary	
	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
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EQUIRED SIGNATURE Signature.of (In accordan of this docur	une Ave Marie De Saine L.C.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)