2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-15-2008 90016 001 ***138.75
L07000002983

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000002983

1. Entity Name
28200 BUILDING, LLC

Principal Place of Business	Mailing Address
28200 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761	28200 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
29750 U.S. 19 N	P.O. Box 1465
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Clearwater Fl.	City & State: Dunedin
Zip: 33761 Country: U.S.A.	Zip: Fl. Country: 34697

4. FEI Number: 11-3802103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESSER, JASON K 28200 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33761	Name: LESSER, JASON K Street Address (P.O. Box Number is Not Acceptable): 29750 U.S. 19 N SUITE 201 City: Clearwater FL. FL Zip Code: 33761

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: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Mgrm Jason K Lesser 29750 US 19 N., #201 Clearwater, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* Rejected A/R returned to Wrong address,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	not received Penalty fee waived	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #