ST       PETERSBURG       FL       ST       PETERSBURG       FL       ST       PETERSBURG       FL       ST       St       Ountry       St	FILED Feb 11, 2008 8:00 am Secretary of State			2008 LIMITED LIABILITY COMPANY ANNUAL REPORT					
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11001 DANKA WAY NORTH, UNIT 1 SI. PETERSBURG, FL 33716       11001 DANKA WAY NORTH, UNIT 1 SI. PETERSBURG, FL 33716       60007044         2. Principal Pigce of Business - No P.O. Box # IIOOI DANKA WAY NORTH, UNIT 1 Suite, Anit #, otc.       3. Mailing Acqueess # 3       01042008       Chg-LLC       CR2E083 (12/06)         2. Principal Pigce of Business - No P.O. Box # IIOOI DANKA WAY NORTH, UNIT 3       Suite, Anit #, otc.       01042008       Chg-LLC       CR2E083 (12/06)         3. Suite, Anit #, otc.       # 3       Suite, Anit #, otc.       # 3       01042008       Chg-LLC       CR2E083 (12/06)         2. Suite, Anit #, otc.       # 3       Suite, Anit #, otc.       # 3       01042008       Chg-LLC       CR2E083 (12/06)         2. Suite, Anit #, otc.       # 3       Suite, Anit #, otc.       # 3       01042008       Chg-LLC       CR2E083 (12/06)         2. Suite, Anit #, otc.       # 3       Suite, Anit #, otc.       # 3       . Certificato of Status Desired       Appet         2. Or Status Desired       # 500 Addit       Suite, Anit # 4       . Certificato of Status Desired       Appet         3. The above named equity Jobnits his statement for the purpose of changing its registered diget or registered agent, or both, in the State of Florida. Lam Lamitar with. a the obligations of registered agent or both, and the indextate       Intel & 1001 DANKA WAY NORTH, UNIT 1       State Appets agent were were adelthy       Dat								Name	1. Entity Nam
IIIOOI DANKA WAY N.       IIIOI DANKA WAY N.         Suite Appl. #. etc.       Suite Appl. #. etc.         Suite Appl. #. etc.       Suite Appl. #. etc.         The above named entity fubmits this statement for the purpose of changing its registered diget over newshop       Intel Mathematical and the data and the full and the full and the data and the full and the data and the full and full and the full and the full and the full and the full		)44	6000704			11001 DANKA WAY NO	TH, UNIT 1	ANKA WAY NOR	11001 DANK
# 3       # 3       01042008       Chy 2 State       <					WAY N.	3. Mailing Address		n	
City & State       City & State       City & State       APP         ST       PETERSBURG, FL       ST. PETERSBURG, FL       4. FEI Number       200         33716       Country       S. Cartilicate of Status Desired       \$5.00       Nat         33716       Country       S. Cartilicate of Status Desired       \$5.00       State         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         BARGER, KIMBERLY E       Itage, Address (P.O. Box Number is Ne) Acceptably       Strap, Address (P.O. Box Number is Ne) Acceptably         11001 DANKA WAY NORTH, UNIT 1       Strap, Address (P.O. Box Number is Ne) Acceptably       Strap, Address (P.O. Box Number is Ne) Acceptably         8. The above named entity ubmits this statement for the purpose of changing its registered differed office or registered agent, or both, in the State of Florida. L am familiar with, a the obligations of registered agent and bit # sockaue       INOTE Represent the metable         SIGNATURE       State       INOTE Represent to required differed agent increating       OATE         FILE NOWILI FEE IS \$138.75       INOTE Represent agent increating       OATE         9.       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES       OATE         9.       MANAGING MEMBERS/MANAGERS       INOTE Represed Agent increationg       OATE <td></td> <td>CR2E083 (12/06)</td> <td>Chg-LLC</td> <td>01042008</td> <td></td> <td></td> <td></td> <td></td> <td></td>		CR2E083 (12/06)	Chg-LLC	01042008					
Zip 337/L       Country USA       Zip 337/L       Country USA       5. Certificate of Status Desired       \$5.00 Addit Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         BARGER, KIMBERLY E 11001 DANKA WAY NORTH, UNIT 1 ST. PETERSBURG, FL 33716       Stragt Address (P.O. Box Number is Not Acceptable) // OUT OANKA WAY NORTH, UNIT 1 Stragt Address (P.O. Box Number is Not Acceptable)       Stragt Address (P.O. Box Number is Not Acceptable)         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, a the obligations of repistered agent and stell # sopkade.       KIMBERLY E. BARGER, I.P. OS Ciry ST. PETERSBURG, FL 29339         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, a the obligations of repistered agent and stell # sopkade.       (HOTE Regrated Agent stoppade treated were remained)         SIGNATURE       MARGING MEMBERS/MANAGERS       10.       Address       OARE         9.       MANAGING MEMBERS/MANAGERS       10.       AdDITIONS/CHANGES       OARE         9.       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES       OARE         9.       MANAGING MEMBERS/MANAGERS       10.       ADDITIONS/CHANGES       Change         1001 DANK	plied For t Applicable	> 722 App	- 8696 7		BURG, FL	City & State	WRG FL	State	City & Stat
6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         BARGER, KIMBERLY E       Name KIMBERLY E         11001 DANKA WAY NORTH, UNIT 1       Strapt Address (P.O. Box Number is Not Acceptable)         St. PETERSBURG, FL 33716       Strapt Address (P.O. Box Number is Not Acceptable)         IVIDIT # 3       CityST · DETERSBURG FL         St. The above named entity Jubmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.         SIGNATURE		— Fee Required			Country		Country USA	716	
BARGER, KIMBERLY E     MANAGING MEMBERS/MANAGERS     10.     MAKE     STREET ADDRESS     11001 DANKA WAY NORTH, UNIT 3     STREET ADDRESS     11001 DANKA WAY NORTH, UNIT 3     STREET ADDRESS     ST. PETERSBURG, FL 33716     STREET ADDRESS     STREET ADDRESS     STREET ADDRESS     ST. PETERSBURG, FL 33716     STREET ADDRESS     STREET			T Q in a		Name K	Registered Agent	and Address of Current F		
City ST. PETERSBURG       FL       Zin-Social         8. The above named entity ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and with a face of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and with a face of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and with a face of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and with a face obligation.         SIGNATURE         KINDERLY E. BARGEN, 1-7-08         MANAGING MEMBERS/MANAGERS         10.         After May 1, 2008 Face will be \$538.75         Intle         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHANGERS         10.         ADDITIONS/CHANGERS         Intle         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHANGERS         Intle         MANAGER         Intle         MANAGER <td colspan="4">P.O. Box Number is Not Acceptable)</td> <td>Street Address</td> <td></td> <td>NORTH, UNIT 1</td> <td>DANKA WAY</td> <td>11001 DA</td>	P.O. Box Number is Not Acceptable)				Street Address		NORTH, UNIT 1	DANKA WAY	11001 DA
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, a the obligations of registered agent.  SIGNATURE Signature required the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE Signature required the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE Signature required the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent and bite if explicable.  (NOTE: Registered Agent signature required when reinstalling) DATE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Ede will be \$538.75  Intue MGRM BARGER, KIMBERLY E STREET ADDRESS 10.  ADDITIONS/CHANGES  Intue MGRM BARGER, KIMBERLY E STREET ADDRESS 11001 DANKA WAY NORTH, UNIT 3 STREET ADD	<u>.</u>	FI ZipCade	AND C.		CityST 0		$\sim$	. ,	
SIGNATURE       Image:	and accept				gistered office or registe	r the purpose of changing its	y submits this statement for	ove named entit	8. The above
After May 1, 2008 Fee will be \$538.75       Florida Department of State         9.       MANAGING MEMBERS / MANAGERS       10.       ADDITIONS / CHANGES         11LE       MGRM       Delete       IIILE       Change         NAME       BARGER, KIMBERLY E       International and the state       Change         STREET ADDRESS       11001 DANKA WAY NORTH, UNIT 3       STREET ADDRESS       CITY-ST-ZIP         TITLE       MGRM       Delete       TITLE       Change         NAME       LEE, ROBERT E       Delete       TITLE       NAME         STREET ADDRESS       11001 DANKA WAY NORTH, UNIT 3       STREET ADDRESS       CITY-ST-ZIP         TITLE       MGRM       Delete       TITLE       Change         NAME       LEE, ROBERT E       STREET ADDRESS       CITY-ST-ZIP         STREET ADDRESS       11001 DANKA WAY NORTH, UNIT 3       STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME       Delete       TITLE       Change         NAME       STREET ADDRESS       CITY-ST-ZIP       Change         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change         NAME       STREET ADDRESS       CITY-ST-ZIP       Change         STREET ADDRESS       STREET ADDRESS	,r	1-7.08 DATE	ser 1		KIMBERLY L	and title if applicable. (NOT	· bard		
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Intelement     MGRM     Delete     Intelement       NAME     LEE, ROBERT E     NAME       STREET ADDRESS     11001 DANKA WAY NORTH, UNIT 3     STREET ADDRESS       CITY-ST-ZIP     ST. PETERSBURG, FL 33716     CITY-ST-ZIP       TITLE     Delete     IITLE       NAME     Delete     TITLE       NAME     STREET ADDRESS     CITY-ST-ZIP	Addition	L Change			NAME STREET ADDRESS		NKA WAY NORTH, UN	BARGER 11001 DA	NAME STREET ADDRESS
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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 informaticated 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 limited liability company of the faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	rmation r of the	. I further certify that the informanging member or manager	in; that I am a managi i Statutes.	made under oar pter 608, Florida	ne exemptions contained	that my signature shall have	ort is true and accurate and	by certify that the	11: I hereby
SIGNATURE: KIM BERLY E. BARLER 1-7.08 727-520- SIGNATURE AND THED OR PRINTED	-7711		Date 1-7.08		KIN BER. GER, OR AUTHORIZED REPRES	F SIGNING MANAGING MEMBER, MA			SIGNAT

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