2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# L07000012252

Entity Name: 12141 62ND STREET NORTH #1 LLC

Current Principal Place of Business:

5405 REFLECTIONS BLVD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5405 REFLECTIONS BLVD
LUTZ, FL 33558

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEPIC, REBECCA
5405 REFLECTIONS BLVD
TAMPA, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AERIAL DESIGNS, INC.,
Address: 5404 REFLECTIONS BLVD
City-St-Zip: TAMPA, FL 33558

Title: MGRM ( ) Delete
Name: STEPIC, ROGER
Address: 5404 REFLECTIONS BLVD
City-St-Zip: TAMPA, FL 33558

Title: MGRM ( ) Delete
Name: STEPIC, REBECCA
Address: 5404 REFLECTIONS BLVD
City-St-Zip: TAMPA, FL 33558

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REBECCA W STEPIC MGRM 05/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date