

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020152

FILED
Feb 28, 2008
Secretary of State

Entity Name: CALIFORNIA COUSINS, LLC

Current Principal Place of Business:

1221 N.W. 4TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1221 N.W. 4TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-8494490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKS, AMANDA M
1221 N.W. 4TH AVENUE
GAINESVILLE, FL 32601 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: BURKS, AMANDA M
Address: 1221 N.W. 4TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: BURKS, KATHARINE A
Address: 13265 S.W. 3RD AVENUE
City-St-Zip: NEWBERRY, FL 326693089

Title: MGR () Delete
Name: CHRONIC, KATHARINE A
Address: 9906 S.W. 89TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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: AMANDA M. BURKS

MGR

02/28/2008

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