## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L070000209	576			04-28-2008	8 90040 034 ***138	8.75
Principal Place 2910 BAY TO SUITE 200 TAMPA, FL 3	) BAY BLVD.	Mailing Address 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629		11888	131 <b>6</b> 41 <b>86</b> 111 1 <b>86</b> 14 <b>88</b> 111 <b>88</b> 112 8	0115 10110 11015 20101 8711 12017 411	<b>*161</b> (51 <b>51 6</b> 1
<u> 3410 f</u>	ace of Business - No P.O. Box # tenduson Blrd.		rson B	vd.			
Suite, Apt.	200	Suite, Apt. #, etc.	)	040920		CR2E083 (12/06)	
City & State	npa th	City & State /ampa	FL	4. FEI N.	-855 514	No	plied For t Applicable
334	country USA	33609	Country		cate of Status Desired	S \$5.00 Add Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name	and Address of New	Registered Agent	ange.
	, JOSEPH A		Street_A	Joseph Idress (P.O. Balx No	Kennedy umber is Not Acceptat	bleyer 1 4 44	<b>_</b>
SUITE 200			3	410 Her	auson	Blvd,#3	200
TAMPA, F	L 33629		City-7			Zin-Code	84 0.7
9. The above	named antity authorite this statement for	the purpose of changing ite re		ampa registered agent of	r both in the State of F	FL Zib 38	and accept
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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
File NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
						ike check payable to da Department of State	<b>9</b> 6 67
		RS/MANAGERS	10.		Flori	da Department of State	<b>9</b> * * /
9.	MANAGING MEMBE		TITLE	:	ADDITION	da Department of State  S/CHANGES  Change	☐ Addition
After May	MANAGING MEMBER MGRM KENNEDY, JOSEPH A 2910 BAY TO BAY BLVD. #200	RS/MANAGERS	TITLE NAME STREET ADDRESS	3410	ADDITION	da Department of State  S/CHANGES  Change  Blyd, #	☐ Addition
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM KENNEDY, JOSEPH A	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3410 Tampa	ADDITION	s/CHANGES Change M Change M 33609	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KENNEDY, JOSEPH A 2910 BAY TO BAY BLVD. #200	RS/MANAGERS	TITLE NAME STREET ADDRESS	3410 Tampa	ADDITION	da Department of State  S/CHANGES  Change  Blyd, #	☐ Addition
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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 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 and Typed or Printed Name of Signing Managing Member, Manager, or authorized representative

4-23-08

813-554·1200