

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020939

Entity Name: SPECIAL T'S - 28S LLC

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

3396 N. KEY DR. #C2
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

PMB #215
15201 N. CLEVELAND AVE. #115
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 20-8532026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGGS, CAROL R
#215
15201 N. CLEVELAND AVE. #115
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SUGGS, CAROL R
3396 N. KEY DRIVE
#C2
NORTH FORT MYERS, FL 33903 US

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:

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUGGS, CAROL R
Address: #215; 15201 N. CLEVELAND AVE. #115
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM () Delete
Name: DEXTER, LINCOLN A JR.
Address: 3396 N. KEY DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUGGS, CAROL R
Address: 3396 N. KEY DRIVE #C2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM (X) Change () Addition
Name: DEXTER, LINCOLN A JR.
Address: 3396 N. KEY DRIVE #C2
City-St-Zip: NORTH FORT MYERS, FL 33903

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: CAROL R. SUGGS

MGR

01/03/2008

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