2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# L07000020939

Entity Name: SPECIAL T'S - 28S LLC

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:

15201 N. CLEVELAND AVE.
SUITE #115 PMB #222
NORTH FORT MYERS, FL 33903

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
3396 N. KEY DRIVE
#C2
NORTH FORT MYERS, FL 33903 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: SUGGS, CAROL R
Address: 3396 N. KEY DRIVE #C2
City-St-Zip: NORTH FORT MYERS, FL 33903

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

ADDITIONS/CHANGES:

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: CAROL R. SUGGS MGR 02/15/2009

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