


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90029 033 \*\*\*138.75

<b>DOCUMENT # L07000022428</b>	
1. Entity Name <b>MASTIO ENTERPRISE, LLC</b>	

Principal Place of Business <b>552 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>552 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459</b>
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**60031618**

2. Principal Place of Business - No P.O. Box # <b>401 Symphony Way</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



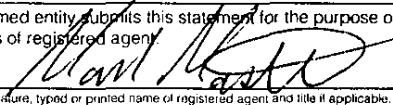
02262008 Chg-LLC CR2E083 (12/06)

City & State <b>Freeport, Florida</b>	City & State
Zip <b>32439</b>	Country <b>U.S.</b>

4. FEI Number <b>72-1503802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

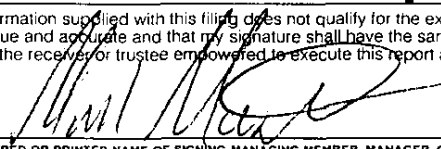
6. Name and Address of Current Registered Agent <b>MASTIO, MARK 552 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459</b>	
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7. Name and Address of New Registered Agent	
Name <b>Mark Mastio</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>401 Symphony Way</b>	
City <b>Freeport</b>	FL Zip Code <b>32439</b>

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 	DATE <b>4/28/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MASTIO, MARK 552 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>401 Symphony Way Freeport, FL 32439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MASTIO, BRENDA 552 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>401 Symphony Way Freeport, FL 32439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	DATE <b>4/28/08</b> 850-635-5183 Daytime Phone #