2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

| | | | | | | • | Seci et | alv ulk | JUALE | |
|--|---------------------------------------|---|--|--|---|---|---------------------------------------|---------------------------------------|--|--|
| DOCUMENT # L07000028280 1. Entity Name JARED M SAMON LLC | | | | - | | 01-22-2008 90118 017 ***138.75 | | | | |
| Principal Plac | e of Business | | Mailing Address | | | 1 - | | | | |
| 1830 26TH ST. N ST. PETERSBURG, FL 33713 | | | 1830 26TH ST. N St. Petersburg, FL. | 33713 | general et et | ga i iga ina kisari ni ni ni ni ninga ina mi | 3000 | 10986 | ام المادية المواجعة المواجعة المواجعة المواجعة الم | |
| | | | | | | 1 | 40M (13N 42M 63M 45M) | # 0 TE 1 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01162008 | Chg-LLC | CR2E083 (12/06 | | | | |
| City & State | B | | City & State | | 4. FEI Numbe | 8780620 | | oplied For lot Applicable | | |
| Zip | (| Country | Zip Country | | ľ | of Status Desired | S \$5.00 Ac | iditional | | |
| | 5. Name and | d Address of Current | Registered Agent | | <u> </u> | 7. Name and | Address of New Re | gistered Agent | | |
| | | | | | Name | | <u></u> | | | |
| _SAMON, JARED M 1830 26TH ST. N ST. PETERSBURG, FL 33713 | | | Streel Address (| | P.O. Box Number is Not Acceptable) | | | | | |
| | | 4. | | | | | | <u> </u> | | |
| | <u>.</u> . | 52. 54.5 54.5 | | | City | FL Zip Code | | | | |
| The above the obligate | named entity su ions of registered | ibmits this statement for d agent. | r the purpose of changing its | registere | ed office or register | ed agent, or bot | h, in the State of Flori | ida. I am famillar with | , and accept | |
| SIGNATURE . | Signature, typed or pri | inted name of registered agent a | and tate if applicable. (NOTE | F- Reciptores | d Agent signature required | when reinsteting) | | DATE | | |
| | \$1 | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| After May | NOW!!! FEI 1, 2008 Fee | E I8 \$138.75 • will be \$538.75 | <u> </u> | | | | | check payable to Department of Sta | | |
| After May | , 1, 2008 Fed | E IS \$138.75 will be \$538.75 MANAGING MEMBE | RS/MANAGERS | 10. | | | | Department of Sta | | |
| 9. | , 1, 2008 Fed MR | MANAGING MEMBE | <u> </u> | TITLE | | | Florida | Department of Sta | | |
| 9. TITLE NAME | MR SAMON, JAF | MANAGING MEMBERED M | RS/MANAGERS | TITLE | E | | Florida | Department of Sta | ta : | |
| 9. IITLE NAME STREET ADDRESS | MR SAMON, JAF 1830 28TH S | MANAGING MEMBE RED M IT N | RS/MANAGERS | TITLE NAME STRE | E Et aduress | | Florida | Department of Sta | ta : | |
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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: | 1/17/08 | 627) 323-4422 |
|--|---------|-----------------|
| SIGNATURE AND TYPED OR PROTED NAME OF SIGNING HANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | / Data | Deytime Phone # |