## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

	<u> </u>				Secret			
1. Entity Nam	MENT # L07000030	998			01-29-2008	90065 034 ***13	38.75	
Principal Plac	e of Business	Mailing Address		c	DDDAREE			
Principal Place of Business				<b>u</b>	0004655			
13 OAKLAWN SQ		13 OAKLAWN SQ Defuniak Springs, FL 32435						
DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SP		DEFUNIAR SPRINGS, FE	32433	••		•		
						I SEISS IIIII CENS IEKS IEKS IEK	UNDERSTANDINGS	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	8701912	<del></del>	oplied For of Applicable	
Zip	Country	Žip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require	ditional d	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
			Name	Name				
WILDER, JAMES R 102 OAKHILL AVE			Street Ar	Street Address (P.O. Box Number is Not Acceptable)				
	ON BEACH, FL 32547					, 		
	,							
			City			FL Zip Cod	е	
9. The above	named entity submits this statement for	or the nurnose of changing its re	poistered office or	registered agent, or br	Nh. in the State of Flo	• - !	and account	
	ions of registered agent.	or the purpose of changing its re	egisteres office of	registered agent, or or	An, in the oldre or no	rida. Fari ianiliai witii,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if annicable (NOTE F						
		and the habblicable (1101).	Registered Agent signatu	ire required when reinstating)		DATE		
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7		degistered Agent signatu	re required when reinstalling)		e check payable to Department of State	e	
After May	NOW!!! FEE IS \$138.75	5	degistered Agent signatu	required when renstating)	Florida	e check payable to Department of State	e	
After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	5 ERS/MANAGERS		required when reinstalling)		e check payable to Department of State CHANGES		
9.	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.79  MANAGING MEMBE	5	10.	re required when reinstalling)	Florida	e check payable to Department of State	e Addition	
9. IIILE NAME	MANAGING MEMBERS SIMONS, ROSEMARIE A	5 ERS/MANAGERS	10.	re required when reinstating)	Florida	e check payable to Department of State CHANGES		
9.	MANAGING MEMBER MGRM SIMONS, ROSEMARIE A 13 OAKLAWN SQ	ERS/MANAGERS	10. TITLE NAME	re required when reinstating)	Florida	e check payable to Department of State CHANGES		
9. IIILE NAME SIREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM SIMONS, ROSEMARIE A 13 OAKLAWN SQ DEFUNIAK SPRINGS, FL 3243	ERS/MANAGERS  Defete	TITLE NAME STREET ADDRESS CHY-SI-ZIP	ve required when reinstating)	Florida	e check payable to Department of State CHANGES  Change	Addition	
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11. I hereby certify that the information supplied with this filling 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.
Resemble A. Simons

SIGNATURE: X Bosennaria A. Suma X 1-24-08 X850-254-0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desystro Phone #