

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2008-90031-008-\$138.75-\$138.75

<b>DOCUMENT # L07000036690</b> 1. Entity Name <b>THE MICHAEL MINCBERG COMPANY, LLC</b>				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">2008 SEP 23 P 1:37</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">             SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div>	
Principal Place of Business <b>8604 FOXTAIL CT. TAMPA, FL 33647 US</b>		Mailing Address <b>8604 FOXTAIL CT. TAMPA, FL 33647 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1107 E. Jackson St</b> Suite, Apt. #, etc. <b>#102</b>		3. Mailing Address <b>1107 E. Jackson St.</b> Suite, Apt. #, etc. <b>#102</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33602</b>		Zip <b>33602</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-8797955</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>MINCBERG, MICHAEL A 8604 FOXTAIL CT. TAMPA, FL 33647</b>	
7. Name and Address of New Registered Agent Name <b>Michael Mincberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>1107 E. Jackson St. #102</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</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 <b>Michael Mincberg</b> <b>8/18/08</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when installing)</small>			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MINCBERG, MICHAEL A 8604 FOXTAIL CT. TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Michael A. Mincberg 1107 E. Jackson St #102 Tampa, FL 33602</b>	<input checked="" 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
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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: <b>Michael Mincberg</b> <b>8/18/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>(813) 445-6491</b> <small>Daytime Phone #</small>		