


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90182 011 ***277.50

DOCUMENT # L07000039527	
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Principal Place of Business 146 2ND ST. N. 310 ST. PETERSBURG, FL 33701	Mailing Address 146 2ND ST. N. 310 ST. PETERSBURG, FL 33704
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2. Principal Place of Business - No P.O. Box # 537-5th St. N.	3. Mailing Address P.O. Box 1741
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01092008 Chg-LLC CR2E083 (12/06)

City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	4. FEI Number 20-8820520	Applied For <input type="checkbox"/> Not Applicable
Zip 33701	Country USA	Zip 33731	Country USA

6. Name and Address of Current Registered Agent SIMMONS, CAROL A 146 2ND ST. N. SUITE 310 ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name CAROL A. Simmons Street Address (P.O. Box Number is Not Acceptable) 537-5th St. N. City ST. PETERSBURG, FL Zip Code 33701
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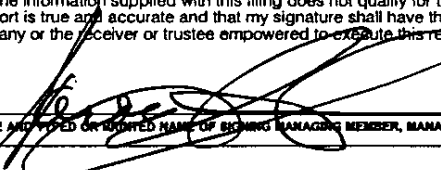
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-9-08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, WILLIAM F JR 440 8TH AVE. N. ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M Same 537-5th St. N. Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JERRY D 10932 KENMORE DR. NEW PORT RICHEY, FL 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/M CAROL A Simmons 537-5th St. N. ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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:  DATE **1-9-07** 727/6416024