

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-30-2008 90017 049 ***138.75

30006885



04282008 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|-------------------------|---------------------------------|---|--|--|
| DOCUMENT # L07000045600 | | | | | |
| 1. Entity Name ANNIKA BURNS LLC | | | | | |
| Principal Place of Business 9 S. BLVD. OF PRESIDENTS SARASOTA, FL 34236 | | | Mailing Address 9 S. BLVD. OF PRESIDENTS SARASOTA, FL 34236 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 87-0798341 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PORTERFIELD, JEFFREY C 3551 FAIR OAKS LANE LONGBOAT KEY, FL 34228 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PORTERFIELD, JEFFREY C | | NAME | | |
| STREET ADDRESS | 3551 FAIR OAKS LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | LONGBOAT KEY, FL 34228 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PORTERFIELD, VIVIENNE B | | NAME | | |
| STREET ADDRESS | 3551 FAIR OAKS LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | LONGBOAT KEY, FL 34228 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANDSTROM, ANNIKA | | NAME | | |
| STREET ADDRESS | 1722 NORTH DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | SARASOTA, FL 34228 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SANDSTROM, ULF TEDDY | | NAME | | |
| STREET ADDRESS | 1722 NORTH DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | SARASOTA, FL 34228 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 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: <u>Ulf Sandstrom</u> | | | Date: <u>4/28/08</u> | | Daytime Phone #: <u>(941) 388-5252</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |