2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # L07000048037 1. Entity Name 2208 W. AZEELE ST., LLC									08 90045 050 ***		
Principal Place of Business Mailing Address 2208 W. AZEELE ST. 313 S. HOWARD AVE TAMPA, FL 33606 TAMPA, FL 33606							 	II ebiii itba genn gen ben	: Fairi ana ti ibiri ab ito iliii ibi	112 1 #1 111 1	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address PLatt Street								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			¥_∀_	04032008	Chg-LLC	CR2E083 (12/06)		
City & State			Tampa, FL				4. FEI Numb	oer	7	oplied For ot Applicable	
Zip		Country	33606		Country LSA			of Status Desired	□ \$5.00 Add	ditional d	
	6. Name	and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent ame						
ORTIZ, THOMAS 1806 W. PLATT ST TAMPA, FL 33606						Street Address (P.O. Box Number is Not Acceptable)					
						an			FL ZS		
		y submits this statement for tered agent		s register	ed office of	register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept	
the obligations of registered agent. SIGNATURE Thomas Ortiz MGRY Of Signature, typed or printed name of registered agent and title inapplicable. (http://ingistered.apm/.signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									e check payable to Department of Stat	6	
9. MANAGING MEMBERS/MANAGERS							774	ADDITIONS/	CHANGES		
TITLE NAME	MGRM KANE, FF	DANK	Delete III						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		OWARD AVE.	STRE		et address -st-zip					!	
TITLE			☐ Delete TITL			MG	RM_		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S		s		EET ADDRESS '-ST-ZIP	2019 00.		omas Latt Stvee FL 3360	-t		
TITLE	Delete II					MG	04		☐ Change	Addition	
NAME			NAN			Sca	tt, Chy	istopher Latt Stree	 		
STREET ADDRESS CITY-ST-ZIP	! 			ET ADDRESS - ST-ZIP	70	a w P	FL 3360	-			
TITLE	Delete				E	12	mpa,	72 3300	☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST- ZIP						
TITLE			☐ Delete	TITL	E		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME STREET ADDRESS	ADDRESS			NAME STREET							
CITY-ST-ZIP					-St-ZiP						
TITLE	☐ Delete TITI								☐ Change	Addition	
NAME Street Address			! NAM! Stre		ie Eet address						
CITY-ST-ZIP	<u> </u>			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: Thomas Ortiz, MGRA /m 04/04/08 813-259-0136											
SIGNATURE: 100 MAS UVELZ, MIGNET WAS UVELZ OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORZED REPRESENTATIVE Date Date Daylorie Phone Phone											