


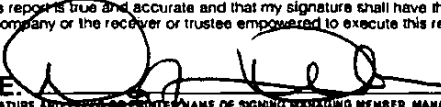
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/2.

FILED
Aug 22, 2008 8:00 am
Secretary of State

07-23-2008 90035 005 ***138.75

30010978

DOCUMENT # L07000048509			
1. Entity Name CASPIO, LLC			
Principal Place of Business 17135 GUMSTOCK ROAD LUTZ, FL 33558		Mailing Address 17135 GUMSTOCK ROAD LUTZ, FL 33558	
2. Principal Place of Business - No P.O. Box # 17135 Gunlock Rd		3. Mailing Address 17135 Gunlock Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LUTZ FL		City & State LUTZ FL	
Zip 33558	Country US	Zip 33558	Country US
6. Name and Address of Current Registered Agent GONZALES, LARRY J C/O LARRY J. GONZALES, P.A. 2855 MCCORMICK DRIVE, SUITE 212 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 US Highway 19 City Holiday FL Zip 34691	
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 reinstating)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL-GONGAZLES, WENDY H 17135 GUNLOCK ROAD LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hall-Gonzales, Wendi L <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
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 606, Florida Statutes.			
SIGNATURE 		Date 7/1/08 Daytime Phone # 727-781-8803	
SIGNATURE AND TYPED NAME OF SIGNING BOOKING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

ATTACHMENT

3001097 8
#L07000048509

CASPIO, LLC.,
A Florida limited liability company
17135 GUNLOCK ROAD
Lutz, FL 33558

727-781-8803
727-705-1245 (facsimile)

July 15, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: 2008 Limited Liability Company Annual Report
Caspio, LLC, a Florida limited liability company

Dear Sir or Madam:

Enclosed please find the 2008 Limited Liability Company Annual Report for the above-referenced limited liability company, together with our check in the amount of \$138.75 for filing.

Please be advised that due to an error in the State's records, notification was not received until this month that a report was due. Upon review of the initial filing documents, the address was filed correctly on the Articles of Incorporation, but incorrectly on the recorded record of the Division of Corporations. Corrections have been marked on the Annual Report. Please provide my office with verification that the corrections have been made.

Thank you for your assistance and if you have any questions, please do not hesitate to contact me.

Very truly yours,


Daniel J. Wheeler
Office manager, Caspio, LLC

/djw
Enclosures

ATTACHMENT

300/0978

CASPIO, LLC.,
A Florida limited liability company
17135 GUNLOCK ROAD
Lutz, FL 33558

727-781-8803
727-705-1245 (facsimile)

August 18, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: 2008 Limited Liability Company Annual Report
Caspio, LLC, a Florida limited liability company
Reference No. L07000048509

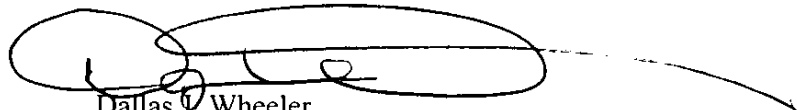
Dear Sir or Madam:

Pursuant to your letter dated July 31, 2008, please find enclosed the annual report/uniform business report corrected to include the FEIN number for Caspio, LLC, which was left off the original report.

Additionally, pursuant to our previous request please correct the address for Caspio, LLC to reflect the correction to 17135 GUNLOCK ROAD, Lutz, Florida 33558.

Thank you for your assistance and if you have any questions, please do not hesitate to contact me.

Very truly yours,


Dallas J. Wheeler
Office manager, Caspio, LLC

/djw
Enclosures