

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

04-17-2008 90170 016 \*\*\*143.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                                                                  |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L07000060752                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                 |                                                                   |
| 1. Entity Name<br>ISA LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>2165 SUNNYDALE BLVD<br>F<br>CLEARWATER, FL 33765                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | Mailing Address<br>2165 SUNNYDALE BLVD<br>F<br>CLEARWATER, FL 33765                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                | Zip                                                                                                                              | Country                                                           |
| 6. Name and Address of Current Registered Agent<br>CRAWFORD, ARCHIE W<br>1107 SUNSET POINT<br>CLEARWATER, FL 33755                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                                  |                                                                   |
| FILE NOW!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>CRAWFORD, ARCHIE W<br>1107 SUNSET POINT<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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: Archie W. Crawford                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | 4-11-08 727-441-4429                                                                                                             |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | Date Daytime Phone #                                                                                                             |                                                                   |

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04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0508914 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required