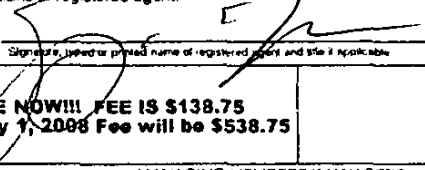
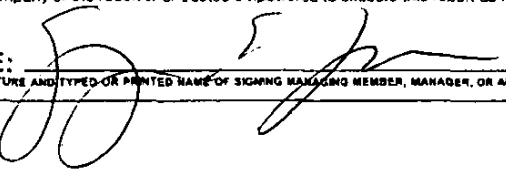


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 027 ***138.75

DOCUMENT # L07000061237																									
1. Entity Name TRAGOS & SARTES, P.L.																									
Principal Place of Business 600 CLEVELAND STREET, STE 700 CLEARWATER, FL 33755			Mailing Address 600 CLEVELAND STREET, STE 700 CLEARWATER, FL 33755																						
2. Principal Place of Business - No P.O. Box # 601 Cleveland St.		3. Mailing Address 601 Cleveland St.																							
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800																							
City & State Clearwater, FL		City & State Clearwater, FL		04182008 Chg-LLC CR2E083 (12/06)																					
Zip 33755		Country U.S.A.		4. FEI Number 41-2241927																					
				Applied For ☐ Not Applicable																					
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent TRAGOS, GEORGE E 600 CLEVELAND STREET, STE 700 CLEARWATER, FL 33755				7. Name and Address of New Registered Agent																					
				Name George E. Tragos, Esq.																					
				Street Address (P.O. Box Number is Not Acceptable) 601 Cleveland St.																					
				#800																					
				City Clearwater FL Zip Code 33755																					
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) 4/21/08 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																					
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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:  4/21/08 DATE Daytime Phone #																									