2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

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1. Entity Nam	ie	#L070000613)40 ***13	8.73
Principal Place	e of Business	3	Mailing Address				60034361					
19034 NARIMORE DRIVE LAND O LAKES, FL 34638 US			19034 NARIMORE DRIVE LAND 0 LAKES, FL 34638 US			i		·		,00-		
2. Principal Place of Business - No P.O. Box # 2912 Westchester Ave.			3. Mailing Address 2912 Westchester Ave.			Ave.						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				0411200	8 Ch	g-LLC	CR2E	083 (12/06)	
City & State Orlando, FL		City & State, Or I ancho, FL				4. FEI Nun 42-	nber /73	13/2		⊢	pplied For at Applicable	
^{Zip} 328	03	Country S	Zip 32803	Count	US		5. Certifica	te of Stat	us Desired		\$5.00 Add Fee Required	litional d
	6. Name	and Address of Current R	egistered Agent				7. Name a	nd Addre	ss of New	Registered	Agent	
MODALES	MICHEL	1			Name /	MORA	ALES,	MIG	UEL	J		
MORALES, MIGUEL J 19034 NARIMORE DRIVE LAND O LAKES, FL 34638					Street A	ddress (F	P.O. Box Nur	nber is No	ot Acceptab	ie)		
					29	12 1	NEST	CHE	STEX	? AV	E.	
					City		AND		-	FL	Zip Code	3°03
8. The above	named entity	v submits this statement for	the purpose of changing its	registere	d office or				e State of F	lorida. I am		
	tions of regist			- 3						_	,	
SIGNATURE .	Signalure, Tyroed	or proper flame of registered agent an					MORA (ES		04/24 DATE	<u>/08</u>	
		FEE IS \$138.75 Fee will be \$538.75				_				ke check p la Departn	payable to nent of State	9
			IS/MANAGERS	10.					Florid	•	nent of State	3
9.	MGRM	Fee will be \$538.75 MANAGING MEMBER	S/MANAGÉRS	TITLE		MG	RM		Florid	da Departn	nent of State	Addition
9. HITLE NAME	MGRM MORALES	Fee will be \$538.75 MANAGING MEMBER S, MIGUEL J		TITLE	Ē	MO	RM RALES	MIC	Florid ADDITIONS	Ja Departm	nent of State	
9. HITLE NAME STREET ADDRESS	MGRM MORALES 19034 NA	Fee will be \$538.75 MANAGING MEMBER S, MIGUEL J RIMORE DRIVE		TITLE NAME STREE	Ef adoress	MO1 291	RM RALES, Z WES	MICHE	ADDITIONS SUEL	Ja Departm	nent of State	
9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGRM MORALES 19034 NA	Fee will be \$538.75 MANAGING MEMBER S, MIGUEL J	□ Delete	TITLE NAME STREE CITY-	Ef adoress - ST - ZIP	MO1 291	RM RALES	MICHE	ADDITIONS SUEL	Ja Departm	Change	Addition
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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 Statules.

SIGNATURE: Miguel J. Morgles	April 24,2008	407-365-0220
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #