2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2008 8:00 am Secretary of State

1	. Entity Nam	MENT # L070000622	231				1 Ctar y 8-2008 90050			
1	rincipal Plac	e of Business	Mailing Address 4815 W. SUNSET BLVD.	I	<u> </u>		5/	00085	0.0	
	AMPA, FL		TAMPA, FL 33629				0 (, C 6000	38	
2	. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address							
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Г	Zp 3362	Country,	^{zip} 33629	Country U-5.		<u> </u>	of Status Desired		\$5.00 Add	titional
	-	6. Name and Address of Current Re	egistered Agent	Name		7. Name and	Address of New I	Registered /	\gent	
	PRESNAIL									
	I815 W. SI TAMPA, FI	UNSET BLVD. L 33629		Street Ac	odress (P.	O. Box Numbe	r is Not Acceptab	 		
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				City				FL	Zip Cod	9
8		named entity submits this statement for the stat	he purpose of changing its rec	gistered office or	registered	d agent, or bott	n, in the State of F	lorida. Iam f	amiliar with,	and acce
١.	IGNATURE .	(1)					7.9.0	18		
٦ ا	IGNOTICE -	Sposture, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signatu	re required w	hen reinstating)		DATE		
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	FILE Due	E NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with s. 6 liability company did no	607.193(2)(b), Fot receive the p	F.S., the prior notic	limited æ.		ke check p		;
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11. I hereby certify that the information supplied with this filling 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 accorde 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP