

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90028 046 ***138.75

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DOCUMENT # L07000066701 1. Entity Name 03-22-18, LLC					
Principal Place of Business 32801 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 32801 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">56-2669008</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04242008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD. STE. 100 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, LANGFRED W 32801 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-family: cursive;">SECY</div> <div style="float: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, PRES, CEO WILLIAM PLANES 32801 US HWY 19 NO. PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, TREAS REGINA PLANES 32801 US HWY 19 NO. PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, VP PAUL J. AIELLO 32801 US HWY 19 NO. PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, VP SPANOS HARDING 32801 US HWY 19 NO. PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;">Delete</div>	
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: <div style="float: right; text-align: right;"> Date: _____ Daytime Phone #: _____ </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					