


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90048 043 ***138.75

DOCUMENT # L07000067080	
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Principal Place of Business 133 ISLAND WAY GREENACRES, FL 33413 US	Mailing Address 133 ISLAND WAY GREENACRES, FL 33413 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0423289 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HOLLABAUGH, JAMES 133 ISLAND WAY GREENACRES, FL 33413	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HOLLABAUGH, JAMES 133 ISLAND WAY GREENACRES, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HOLLABAUGH, LINDA 133 ISLAND WAY GREENACRES, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	<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: Linda Hollabaugh **1-5-08** **561-966-6531**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #