2008 LIMITED LIABILITY GOMPANY ANNUAL REPORT

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FILED Apr 28, 2008 8:00 am Secretary of State

Principal Pince of Business 602-8 CENTER ROND FORT MITTER, TL 33907 2. Principal Pince of Business 602-8 CENTER ROND FORT MITTER, TL 33907 2. Principal Pince of Business Sold a CENTER ROND FORT MITTER, TL 33907 2. Principal Pince of Business Sold a Apt. 4 etc. City & State Cit	1. Entity Nam SSS REA	AL ESTATE, LLC			04-28-2008 90028 025 ***143.75
Sulfo, Apr. F. etc. Sulfo, Apr. F. etc. Sulfo, Apr. F. etc. City & Sulfo Apr. F. etc. City & Sulfo Apr. F. etc. Applied to	602-B CENT	ER ROAD	602-B CENTER ROAD	907 US	
City & State Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Zu	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102008 Chg-LLC CR2E083 (12/06)
Silver Stuart 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named enthy submits the statement for the purpose of changing its registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent, or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with, and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with and accept the obligations of registered agent. Or both, in the State of Farida. I am formitter with an advantage of Parida Department of State 8. The Now Market State of Parida Department of State 9. MANAGING MEMBERS MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGING MEMBERS/MANAGERS 1014-51-09 1015 1015 1016 1016 1016 1016 1016 1016 1016 1016 1017	City & Stat	е	City & State		
SILVER STUART 602-B CENTER ROAD FORT MYERS. FL 33907 City FL Zo Coce Cit	Zip	Country	Zip	Country	5 Certificate of Status Desired \$5.00 Additional
SILVER, STUART 602-B CENTER ROAD FORT MYERS, FL 33907 City FL Zip Code City FL Zip Code City FL Zip Code S. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the floridation of Floridations of Flo		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
Sircer Audress (P.O. Box Number is Not Acceptable) City FL Zip Code				Name	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	602-B CEN	NTER ROAD		Street Address	s (P.O. Box Number is Not Acceptable)
THE NOW!! FEE IS \$138.75 AFTOR May 1, 2008 Fee will be \$538.75 INC. MANAGING MEMBERS/MANAGERS INC. MACE SIRET ADDRESS CITY-SI-2P INC. MACE INC. INC. MACE INC. INC. MACE INC. MACE INC. MACE INC. MACE INC. MACE INC. INC. MACE INC. MACE INC. MACE INC. MACE INC. MACE INC. MACE INC. INC. MACE INC. MACE INC. IN					FL
FILE NOWIII FEE IS \$138.75 ARTOR May 1, 2008 Fee will be \$338.75 NANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition			or the purpose of changing i	ts registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITL	SIGNATURE	Signature, byned or printed name of registered agent	and trie if applicable. (N	OTE: Recustered Agent eagneture requi	red when reinstating) DATE
### Piorida Department of State No. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES		Special process and a registron again	(1	O TO THE STATE OF	
TITLE NAME SILVER, STUART GOZ-B CENTER ROAD GOZ-B CENTER ROAD FORT MYERS, FL 33907 TITLE NAME SIREHADORSS CITY-ST-2P TI			5		
SILVER, STUART STRET ADDRESS CITY-ST-2P TITLE MAKE STRET ADDRESS CITY-ST-2P TITLE	9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANGES
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 itability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: *#1008 633 768-1234*	NAME STREET ADDRESS		☐ Delcte	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifing 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 itability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	NAME STREET ADDRESS		☐ Cefete	NAME Street adoress	☐ Change ☐ Addition
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	CffY-ST-ZiP 11. Thereby indicated	on this report is true and accurate and	d that my signature shall hav	for the exemptions containe te the same legal effect as it	if made under oath; that I am a managing member or manager of the