

FILED
Mar 10, 2008 8:00 am
Secretary of State

DOCUMENT # L07000074913

Mailing Address
218 EAST BEARSS AVE
#313
TAMPA, FL 33613 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

03052008 Chg-LLC CR2E083 (12/06)

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

5. Certificate of Status Desired

 **\$5.00** Additional.
Fee Required

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

9. **MANAGING MEMBERS/MANAGERS**

10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, FREDERICK A JR.	
STREET ADDRESS	218 EAST BEARSS AVE #313	
CITY-ST- ZIP	TAMPA, FL 33613	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Deleted
NAME	ZIMMERMAN, TERESA A	
STREET ADDRESS	218 EAST BEARSS AVE #313	
CITY - ST - ZIP	TAMPA, FL 33613	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.08.2008

Date _____

Daytime Phone #