2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.07000076684 ATHE STO

FILED Feb 29, 2008 8:00 am Secretary of State

1. Entity Name PRESIDIO CAPITAL LLC							02-29-2008		039 1.	36.73	
Principal Place of Business 912 W. PLATT ST. SUITE 200 TAMPA, FL 33606			Mailing Address 912 W. PLATT ST. SUITE 200 TAMPA, FL 33606			£ 100 100					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State		4. FEI Numt	^{per} 61-1541	328	<u> </u>	oplied For ot Applicable		
Zip	Country		Zip	Cour	ntry		e of Status Desired		\$5.00 Add	ditional d	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New F	Registered	Agent	•	
BAILEY, R 912 W. PL SUITE 200 TAMPA, F	ATT ST					ss (P.O. Box Numb	per is Not Acceptable	e)			
					City			FL	Zip Cod	e	
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 at applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$138.75 Fee will be \$538.79					Make check payable to Fiorida Department of State				
9.	1	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGE			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, RYAN K 912 W. PLATT ST., SUITE 200 TAMPA, FL 33606				l l				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CXYY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE and typed on printed name of signing managing member, manager, or authorized representative