

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1 **FILED**
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90130 047 ***138.75

DOCUMENT # L07000083698 1. Entity Name AUSTIN A, LLC					
Principal Place of Business 9798 CASA MAR CIR FORT MYERS, FL 33919 US			Mailing Address 9798 CASA MAR CIR FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		30005744 03182008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-0764425 ☒ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent XIA, RICHARD 9798 CASA MAR CIR FORT MYERS, FL 33919				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 requesting HQ)					
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: XIA, RICHARD 9798 CASA MAR CIR FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LIN, SELINA 301 PAUL AVE SAN FRANCISCO, CA 94124		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- 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 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: <i>Richard Xia</i>			Date: <i>3/23/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					