FILED
Mar 12, 2008 8:00 am
Secretary of State
02-27-2008 90074 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000083709

1. Entity Name
RALPH BULICH L.L.C.

30001867

Principal Place of Business	Mailing Address
39809 MELROSE AVE ZEPHYRHILLS, FL 33540	39809 MELROSE AVE ZEPHYRHILLS, FL 33540

2. Principal Place of Business - No P.O. Box # 39809 Melrose Ave Zephyrhills Fl.	3. Mailing Address 39809 melrose Ave.
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State Zephyrhills Fl.	City & State Zephyrhills Fl.
Zip 33540 Country Pasco	Zip 33540 Country Pasco

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0645699 ☐ Applied For ☐ 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
BULICH, RALPH 39809 MELROSE AVE ZEPHYRHILLS, FL 33540	Name Same 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

Only one manager myself →

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Ralph Bulich 39809 melrose Ave. 33540 Zephyrhills Fl. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Ralph Bulich Ralph Bulich 1-18-08 813-788-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #