


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000095171 1. Entity Name OH SNAP CONSTRUCTION LLC						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; transform: rotate(-5deg);">08 FEB 19 PM 3:26</div> <div style="font-size: 0.8em; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FL 32304</div>	
Principal Place of Business 3530 ROBIN ROAD TALLAHASSEE, FL 32305				Mailing Address 3530 ROBIN ROAD TALLAHASSEE, FL 32305			
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			
02112008 Chg-LLC CR2E083 (12/06)				4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">26-1095063</div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				<div style="font-size: 3em; font-family: cursive;">BPK</div>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GONZOLEZ, MELISSA		NAME	<div style="font-size: 1.5em; font-family: cursive;">800118963648</div>			
STREET ADDRESS	3530 ROBIN ROAD		STREET ADDRESS	<div style="font-size: 1.2em;">02/28/08--01003--009 **138.75</div>			
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <div style="font-size: 2em; font-family: cursive;">Long Roy</div>				<div style="font-size: 1.5em; font-family: cursive;">2/11/08</div>			Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date</small>							