

**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2009 JAN 14 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072009No Chg-LLC

CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-1164026	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINANS, AARON CHARLES
1010 PRINCESS LANE
VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

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, 2009 Fee will be \$538.75**

600140788306
01/15/09--01012--003 **143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINANS, AARON CHARLES 1010 PRINCESS LANE VENICE, FL 34293
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IN THIS SPACE**

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: _____

Aaron Charles Winans

1/7/09

239-821-0793

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

Date

Daytime Phone #