2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2008 08:00 A Secretary of State

ANNUAL REPORT				Wiai 20, 2000 00.
1. Entity Nam	MENT # L07000103	1898		Secretary of St
	· · · · · _ · · · · · · · · · · · ·			
Principal Plac	e of Business	Mailing Address		
2300 NORTH LAKE WALES	I SCENIC HIGHWAY	P.O. BOX 832 Lake Wales, Fl. 33859		
TAUL MALLS	,16 33030	FUIC HUFF?' LF 22622		
				03132008 No Chg-LLC CR2E083 (12/07)
D	O NOT WRITE	: IN THIS SPA	CE	4. FEI Number Applied For
	٠, .	in the second		26-1250497 Not Applicable
			a di	5. Certificate of Status Desired S \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		A STATE OF THE STA
STRAUGHN, RICHARD E ESQ.				DO NOT WRITE
255 MAGNOLIA AVENUE				DO NOT WRITE
WINTER HAVEN, FL 33883				IN THIS SPACE
	named entity submits this statement fi	or the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
tue obligat	iions or registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Registe	red Agent signature require	d when reinstating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5		U00000873196 04/10/08-80058-010 138.75
9.	MANAGING MEMB	ERS/MANAGERS		The state of the s
TITLE	MGRM			
NAME STREET ADDRESS	SHORTLY, J. TIMOTHY P.O. BOX 832			
CITY-ST-ZIP	LAKE WALES, FL 33859			
TITLE	MGRM			
NAME STREET ADDRESS	SHORTLY, TARA J P.O. BOX 832			
CITY-ST-ZIP	LAKE WALES, FL 33859			d is
TITLE				Same and the second of the sec
NAME STREET ADDRESS				
CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
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TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP			,	
TITLE				

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

3/15/08

863,559.3474

Daytime Phone #