2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90102 031 ***138 75

2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3 ND AVL.S. Suite, Apt. #, etc. # A 04092008 Chg-LLC CR2E083 (12/06) City & State	**138.75	04-15-2008 90102 031 ***138				147	L07000105 PANY, LLC	ne	1. Entity Nam
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### ST. Petersburg St	2/06)	04092008	Suite, Apt. #, etc. # A			Suite, Apt. #, etc. # 4			
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BANNON, RICK G ESQ 1901 9 TH ST N ST PETERSBURG, FL 33704 City FL Zip Code	Required	Fee Required		iviella:			Pinellas	01	3370
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 agent, or both, in the State of Rorida. I am familiar with, a the obligations of registered agent, or both, in the State of Rorida. I am familiar with, a the obligations of registered agent with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, a the obligations of registered agent with a statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, a the obligations of registered agent, or both, in the State of Rorida. I am familiar with, a state of Rorida State of Rorida Department of Rori		1 Address of New Registered Agent	7. Name ar	Name	ent	Registered			
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rovids. I am familiar with, a the obligations of registered agent. SIGNATURE Sometime, typed or privation name of registered agent		dress (P.O. Box Num	Street Addre			901 9 TH ST N			
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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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: **TOTALL PROVIDED TO STATUTE STATUTE SIGNATURE: **A TOTALL PROVIDED TO STATUTE SIGNATURE: **A	Change Addition			411 - 21 - LIF					GIT-SF-ZP