

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106666

FILED
Mar 17, 2008
Secretary of State

Entity Name: SUDIO ANN LLC

Current Principal Place of Business:

3851 VALENTIA WAY
NAPLES, FL 34119 US

New Principal Place of Business:

744 9TH STREET NORTH
NAPLES, FL 34102 US

Current Mailing Address:

3851 VALENTIA WAY
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 26-1277111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEISCHMAN, HENRY
3465 WINIFRED ROW LANE
1403
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

FLEISCHMAN, HENRY
3851 VALENTIA WAY
NAPLES, FL 34119 US

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.

SIGNATURE: HENRY FLEISCHMAN

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLEISCHMAN, ANNA
Address: 3465 WINIFRED ROW LANE 1403
City-St-Zip: NAPLES, FL 34116 US

Title: MGRM () Delete
Name: FLEISCHMAN, HENRY
Address: 3465 WINIFRED ROW LANE 1403
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLEISCHMAN, ANNA
Address: 3851 VALENTIA WAY
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM (X) Change () Addition
Name: FLEISCHMAN, HENRY
Address: 3851 VALENTIA WAY
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY FLEISCHMAN

MGR

03/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date