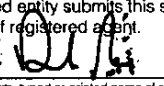
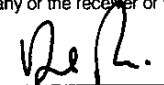


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 038 \*\*\*138.75

<b>DOCUMENT # L07000107634</b> 1. Entity Name <b>ST. GEORGE STREET, LLC</b>			
Principal Place of Business <b>8 BROADWAY</b> <del>SUITE 218</del> <b>KISSIMMEE, FL 34741 US</b>		Mailing Address <b>8 BROADWAY</b> <b>SUITE 218</b> <b>KISSIMMEE, FL 34741 US</b>	
2. Principal Place of Business - No P.O. Box # <b>202 Broadway</b> Suite, Apt. #, etc.		3. Mailing Address <b>202 Broadway</b> Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, Florida</b> Zip <b>34741</b> Country <b>US</b>		City & State <b>KISSIMMEE, Florida</b> Zip <b>34741</b> Country <b>US</b>	
4. FEI Number <b>26-1284574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PARSONS, DALE H</b> <b>8 BROADWAY</b> <del>SUITE 218</del> <b>KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>DALE H. PARSONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 BROADWAY</b> City <b>KISSIMMEE</b> FL Zip Code <b>34741</b>	
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  DATE <b>4.18.08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, DALE H. 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>202 BROADWAY</b> <b>KISSIMMEE, FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, BRANDON D 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>202 BROADWAY</b> <b>KISSIMMEE FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date <b>4.18.08</b> Daytime Phone #	

60037263



04042008 Chg-LLC CR2E083 (12/06)