


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90223 045 ***143.75

DOCUMENT # L07000111694

1. Entity Name
 10800 47TH STREET LLC



Principal Place of Business
 10091 133RD STREET NORTH
 SEMINOLE, FL 33776

Mailing Address
 10091 133RD STREET NORTH
 SEMINOLE, FL 33776

30005382



2. Principal Place of Business - No P.O. Box #
 10091-133rd st N.

3. Mailing Address
 10091-133rd st N

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1356408 Applied For
~~L07000111694~~ Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

City & State
 SEMINOLE, FL

City & State
 SEMINOLE, FL

Zip
 33776

Country
 USA

Zip
 33776

Country
 USA

6. Name and Address of Current Registered Agent

ROUHANI, PERRY S
 10091 133RD STREET NORTH
 SEMINOLE, FL 33776

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUHANI, PERRY S 10091 133RD STREET NORTH SEMIMOLE, FL 33776 <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
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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.

SIGNATURE: Perry Rouhani PERRY-ROUHANI Date: 4/3/08 Daytime Phone #: 727-439-1883