


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90406 045 \*\*\*138.75

DOCUMENT # L07000112531																																															
1. Entity Name <b>SUSAN J. AMSTUTZ LLC</b>																																															
Principal Place of Business <b>37550 COREY LEWIS AVE ZEPHYRHILLS, FL 33541 US</b>			Mailing Address <b>37550 COREY LEWIS AVE ZEPHYRHILLS, FL 33541 US</b>																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country	4. FEI Number <b>26 1367811</b>																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
<b>AMSTUTZ, SUE 37550 COREY LEWIS AVE ZEPHYRHILLS, FL 33541</b>				Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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.				State <b>FL</b>																																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____																																											
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> <b>MGRM AMSTUTZ, SUE 37550 COREY LEWIS AVE ZEPHYRHILLS, FL 33541</b> </td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMSTUTZ, SUE 37550 COREY LEWIS AVE ZEPHYRHILLS, FL 33541</b>	<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		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	
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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 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> <i>Susan J. Amstutz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				2-29-08 813-788-0358 <small>Date Daytime Phone #</small>																																											