


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 29 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000115770	
-------------------------	---

Principal Place of Business 1817 DORIC DR TALLAHASSEE, FL 32303	Mailing Address 1817 DORIC DR TALLAHASSEE, FL 32303
---	---

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
-----	---------	-----	---------



04292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
DEVENISH, ANTHONY 1817 DORIC DR TALLAHASSEE, FL 32303	

7. Name and Address of New Registered Agent	
Name	
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
(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	
TITLE	MGR <input type="checkbox"/> Delete
NAME	DEVENISH, ANTHONY
STREET ADDRESS	1817 DORIC DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGRM <input type="checkbox"/> Delete
NAME	DALRYMPLE, ANTOINETTE
STREET ADDRESS	836 MEDICAL COMMONS CT
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Anthony Devenish</i>	4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900126839199
04/29/08--01029--017 **138.75