


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 022 ***138.75

DOCUMENT # L07000124677

1. Entity Name
CORKSCREW 11, LLC



Principal Place of Business Mailing Address
12532 TWIN BRANCH ACRES RD. TAMPA, FL 33626-4425

60008955



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number **26-1590137** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BRENNY, CHARLES R
12532 TWIN BRANCH ACRES RD.
TAMPA, FL 33626-4425

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 _____
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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PENSCO TRUST CO. BR1FB	
STREET ADDRESS	450 SANSOME STREET 14TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 941113306	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BRENNY, CHARLES R	
STREET ADDRESS	12532 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP	TAMPA, FL 336264425	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BRENNY, CANDACE A	
STREET ADDRESS	12532 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP	TAMPA, FL 336264425	
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		

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		

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:  **AS MANAGER CHARLES R BRENNY** 2/14/08 777-450-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #