

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L99000002626 1. Entity Name LINEBAUGH SHELDON, L.C.	
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Principal Place of Business 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609	Mailing Address 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3574580	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD, STE 700
601 BAYSHORE BLVD., STE 700
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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

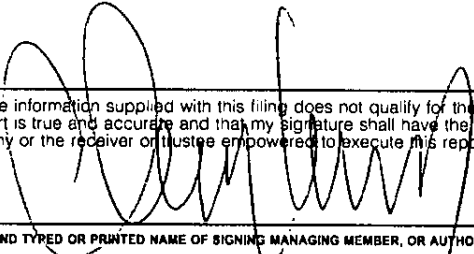
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AR-JOY OF TAMPA, INC. 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FOURSOME PROPERTIES, INC. 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000874686
04/11/08-80002-015 138.75

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IN THIS SPACE**

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:  **3/26/08** **(813) 353-2220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #