



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # M03000003909	
1. Entity Name 293P, LLC	

Principal Place of Business 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756	Mailing Address 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756
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DO NOT WRITE IN THIS SPACE

	
02132007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0382000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR  
 200 AVIATION DRIVE, SUITE 2  
 NAPLES, FL 34104

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

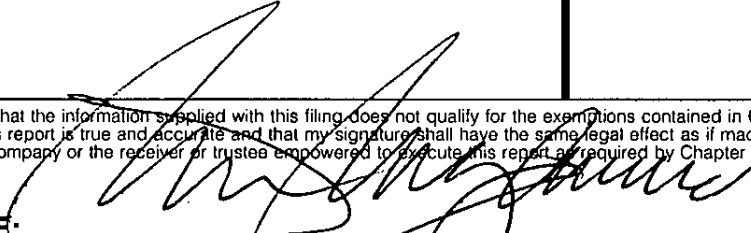
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO, PHILIP 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756
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U00000652330  
 03/12/07-80014-006 50.00

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:  2-26-07 727-501-1160