

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 048 ***138.75

DOCUMENT # M03000003909					
1. Entity Name 293P, LLC					
Principal Place of Business 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756 <i>670 Clearwater Largo Rd. Suite D</i> <i>Largo FL 33770</i>			Mailing Address 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756		
2. Principal Place of Business - No P.O. Box # <i>670 Clearwater Largo Rd. Suite D</i> Suite, Apt. #, etc. <i>Suite D</i> City & State <i>Largo FL</i> Zip <i>33770</i>		3. Mailing Address <i>670 Clearwater Largo Rd. Suite D</i> Suite, Apt. #, etc. <i>Suite D</i> City & State <i>Largo, FL</i> Zip <i>33770</i>		60038053 	
Country USA		Country USA		04282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0382000				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 200 AVIATION DRIVE, SUITE 2 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name <i>JUDY LANCI</i> Street Address (P.O. Box Number is Not Acceptable) <i>670 CLEARWATER LARGO RD. SUITE D</i> City <i>LARGO</i> FL Zip Code <i>33770</i>		
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 <i>Judy Lanci</i> DATE <i>4-30-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO, PHILIP 224 PONCE DE LEON BLVD. BELLEAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>670 CLEARWATER LARGO RD. SUITE D</i> <i>LARGO FL 33770</i>	
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	
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>Philip Doganiero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4-30-08</i>		Daytime Phone # <i>227-501-1160</i>