


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
*670 Clearwater Largo Rd. Suite D
 Largo FL 33770*

Mailing Address
 224 PONCE DE LEON BLVD.
 BELLEAIR, FL 33756

60038053



2. Principal Place of Business - No P.O. Box #
*670 Clearwater Largo Rd. Suite D
 Largo FL 33770*

3. Mailing Address
*670 Clearwater Largo Rd. Suite D
 Largo, FL 33770*

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-0382000

Applied For
 Not Applicable

5. Certificate of Status Desired \$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: *JUDY LANCI*
 Street Address (P.O. Box Number is Not Acceptable): *670 CLEARWATER LARGO RD. SUITE D*
 City: *LARGO* FL Zip Code: *33770*

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: *Judy Lanci* DATE: *4-30-08*

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

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>670 CLEARWATER LARGO RD. SUITE D 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
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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: *Philip Doganiero* DATE: *4-30-08* DAYTIME PHONE #: *287-501-1160*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #