

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003882

FILED
Apr 14, 2008
Secretary of State

Entity Name: 6312 SOUTH 78TH STREET, LLC

Current Principal Place of Business:

6312 78TH STREET
RIVERVIEW, FL 33569 US

New Principal Place of Business:

6312 78TH STREET
RIVERVIEW, FL 33578 US

Current Mailing Address:

P. O. BOX 3381
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-0474710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURNER, JAMES A III
440 S. 78TH STREET
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

TURNER, JAMES A III
6312 78TH STREET
RIVERVIEW, FL 33578 US

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.

SIGNATURE: _____

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAMPA ARMATURE WORKS, , INC.
Address: 440 SOUTH 78TH STREET
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: TURNER, JAMES A III
Address: 440 S 78TH STREET
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAMPA ARMATURE WORKS, , INC.
Address: 6312 78TH STREET
City-St-Zip: RIVERVIEW, FL 33578

Title: MGR (X) Change () Addition
Name: TURNER, JAMES A III
Address: 6312 78TH STREET
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. TURNER, III

MGR

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date