2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: MISSTUM SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

FILED Jun 04, 2008 8:00 am Secretary of State

4/22/08

Daytime Phone #

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JENIONO, III	11733	JERIGIO, WI 11733			 	TOUT HOUR SELL COURSE	18 fa rii ma rii sisak i	NIH NÜHI KNI	1181 (118)
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	· · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
		City & State		04222008	Chg-LLC	CR2E083		unlind For	
City & State		City & State			4. FEI Number 11-351			\rightarrow	plied For it Applicable
Zip	1 Country	Zip	Coun	itry	5. Certificate	of Status Desired		.00 Add Required	
	6. Name and Address of Current	Registered Agent		T	7. Name and	Address of New F	tegistered Age	ent	
				Name					
BEVER, D	AVID A			L					
	PER US LLP			Street Addre	ess (P.O. Box Numb	er is Not Acceptable	B)		
	NNEDY BLVD., STE. 2000					_			
TAMPA, F	L 33602 '					_			
	•			City			FL	Zip Code	е
8 The above	named entity submits this statement to	r the nurnose of changing it	te regieter	ed office or rec	nistered agent or bo	th in the State of FI	orida Lam fam	iliar with	and accent
	ions of registered agent.	In parpose of orientaring in	to regiotor		grotor od agomi, at aa				
SIGNATURE .									
SIGNATURE .	Signature, typed or brinted name of registered agent	and title if applicable. (NC	TE: Registera	d Agent signature re	equired when reinstating)		DATE		
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	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5					te check pay a Departmen		Ď
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