## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017752

City-St-Zip: TAMPA, FL 336174414

Entity Name: LDL ACCOUNTANTS & ASSOCIATES, CPA'S, LLC

FILED May 03, 2007 Secretary of State

Current P	New Prin	New Principal Place of Business:			
	EMORAN BLVD. ), FL 32807 US				
Current Mailing Address:		New Mail	New Mailing Address:		
P.O. BOX: ORLANDO	574993 D, FL 328574993 US				
	56-2356834 FEI Number Applie ce with s. 607.193(2)(b), F.S., the limite			Certificate of Status Desired ( )	
	Address of Current Registered		•	s of New Registered Agent:	
OLIVENCI 1119 BARI ORLANDO	1276 N SE	OLIVENCIA, DAVID 1276 N SEMORAN BLVD ORLANDO, FL 328073535 US			
	named entity submits this statem e of Florida.	ent for the purpose of changing	its registe	ered office or registered agent, or both	
SIGNATUR			05/03/2007		
	Electronic Signature of Reg	gistered Agent		Date	
MANAGING I	MEMBERS/MANAGERS:	ADDITIONS	CHANGES	:	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete OLIVENCIA, DAVID P.O. BOX 574993 ORLANDO, FL 328574993	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete OLIVENCIA, ELIZABETH P.O. BOX 574993 ORLANDO, FL 328574993	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	MGR ( ) Delete SEKAJIPO, LAWRENCE 7402 N. 56TH STREET, STE. 880	Title: Name: Address:		(X) Change ( ) Addition O, LAWRENCE CPA 56TH STREET, STE. 880	

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.

City-St-Zip:

TAMPA, FL 336174414

SIGNATURE: DAVID OLIVENCIA 05/03/2007