

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058791

Entity Name: ISAAC ENTERPRISE LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 5121
NAVARRE, FL 32566

New Principal Place of Business:

8357 VERANO STREET
NAVARRE, FL 32566

Current Mailing Address:

PO BOX 5121
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 51-0520482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ISAAC, ANDREW D
8357 VERANO STREET
NAVARRE, FL 32566 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ISAAC, ANDREW D
Address: PO BOX 5121
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: ISAAC, JULIE D
Address: PO BOX 5121
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: SMITH, CLAYTON
Address: PO BOX 5121
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW D. ISAAC

MGR

05/01/2007

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