


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000000897	
1. Entity Name CHRISTOPHER A. DESROCHERS, P.L.	

Principal Place of Business 2504 AVE. G NW WINTER HAVEN, FL 33880	Mailing Address 2504 AVE. G NW WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2162620	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DESROCHERS, CHRISTOPHER
2504 AVE. G NW
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESROCHERS, CHRISTOPHER 2504 AVE. G NW WINTER HAVEN, FL 33880
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05/15/07-80108-011 50.00

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:  CHRISTOPHER DESROCHERS, MANAGER 3/22/07 863-299-8309