


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000020881</b>	
1. Entity Name 1159 SOUTH MAIN STREET, LLC	

Principal Place of Business 5220 NW 5TH STREET BELL, FL 32619	Mailing Address P.O. BOX 267 BELL, FL 32619
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03052007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4224429	Applied For Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  AKINS, SCOTT A 5220 NW 5TH STREET BELL, FL 32619
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000671781  
03/28/07-80042-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKINS, SCOTT A 5220 NW 5TH ST BELL, FL 32619
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**DO NOT WRITE IN THIS SPACE**

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: Scott A. Akins 3-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #