


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90037 022 \*\*\*\*55.00

**DOCUMENT # L05000031195**

1. Entity Name  
**SEGWAY OF TALLAHASSEE LLC**



Principal Place of Business  
**2804-C CAPITAL CIRCLE NE  
 TALLAHASSEE, FL 32308**

Mailing Address  
**127 CREST ST  
 TALLAHASSEE, FL 32301**

40070405



2. Principal Place of Business - No P.O. Box #  
**2801 Capital Cir NE**

3. Mailing Address

Suite, Apt. #, etc.  
**Unit 3**

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State

Zip  
**32308**

Country  
**USA**

Zip

Country

04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**42-1663975**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HURD, STEPHEN C  
 127 CREST ST  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HURD, STEPHEN C 127 CREST ST TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Brandon Martin* **Brandon Martin** 4/17/07 850-385-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #