


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	MGRM HURD, STEPHEN C 127 CREST ST TALLAHASSEE, FL 32301	<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 #