2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000032545

Entity Name: CUFFE, LLC

Current Principal Place of Business:

4410 W. CREST AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4410 W. CREST AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-2609450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
11603 LIPSEY ROAD
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: CUFFE, CRAIG
Address: 4410 W CREST AVENUE
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete
Name: DUBOIS, JOHN
Address: 4410 W CREST AVENUE
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CUFFE, CRAIG
Address: 4410 W CREST AVENUE
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Change ( ) Addition
Name: DUBOIS, JOHN
Address: 4410 W CREST AVENUE
City-St-Zip: TAMPA, FL 33614

Title: SEC ( ) Change (X) Addition
Name: ALEXANDER, MICHAEL W
Address: 4410 W CREST AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG CUFFE PRES 04/23/2007

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