


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000036966 1. Entity Name 3629 WEST ISB, LLC	
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Principal Place of Business 15 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174	Mailing Address 15 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



07032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2687914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S. PALMETTO AVE.
SUITE A
DAYTONA BEACH, FL 32114

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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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMMARO, SALVATORE M 15 LAUREL RIDGE BREAK ORNOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL PIZZO, CARLO SR. 1579 ROUTE 9 TOMS RIVER, NJ 08775
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07/06/07-80010-019 50.00

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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, trustee or employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carlo Del Pizzo* MBR 07/02/07

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