

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082758

Entity Name: 4107, LLC

**FILED**  
**Jul 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

TWO NORTH TAMIAMI TRAIL  
SUITE 506  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

TWO NORTH TAMIAMI TRAIL  
SUITE 506  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 20-3344855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CONKLIN, THOMAS R  
766 SOUTH OSPREY AVE  
SUITE 16  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

CONKLIN, THOMAS R  
2 NORTH TAMIAMI TAIL  
SUITE 506  
SARASOTA, FL 34236 US

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: THOMAS R. CONKLIN

07/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONKLIN, THOMAS R  
Address: 766 SOUTH OSPREY AVE #16  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONKLIN, THOMAS R  
Address: 2 NORTH TAMIAMI TRAIL, SUIT 506  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R. CONKLIN

MR.

07/09/2007

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