


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90049 028 ****50.00

DOCUMENT # L06000027464					
1. Entity Name FULL THROTTLE GROUNDS MAINTENANCE LLC					
Principal Place of Business 2725 46TH AVE. N. ST. PETE, FL 33714			Mailing Address 2725 46TH AVE. N. ST. PETE, FL 33714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4472046	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIVINGSTON, JOHN B 2725 46TH AVE N ST. PETERSBURG, FL 33714				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					

60003460



01212007 Chg-LLC CR2E083 (12/06)

\$5.00 Additional Fee Required

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	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ALLAN		NAME		
STREET ADDRESS	2780 46TH AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE., FL 33714		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	Mgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMONS, WILLIAMS		NAME	Gammons, William	
STREET ADDRESS	2725 46TH AVE. N.		STREET ADDRESS	2725 46th Avenue North	
CITY-ST-ZIP	ST. PETE, FL 33714		CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Mgrm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY, RONALD		NAME	Laura S. Niccum	
STREET ADDRESS	2230 30TH AVE. N.		STREET ADDRESS	4808 Woodmere Road	
CITY-ST-ZIP	ST. PETE, FL 33713		CITY-ST-ZIP	Land O Lakes FL 34639	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **William Gammons** /21/07 727-235-4627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #