


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90336 010 ****50.00

DOCUMENT # L03000012887 1. Entity Name 4-15-03 COMPANY, LLC			
Principal Place of Business 2200 N. SCENIC HWY BABSON PARK, FL 33827		Mailing Address 2200 N. SCENIC HWY BABSON PARK, FL 33827	
2. 33 E. WALL STREET FROSTPROOF, FL 33843	Box #	3. 33 E. WALL STREET FROSTPROOF, FL 33843	03142007 Chg-LLC CR2E083 (12/06)
		4. FEI Number 54-0584540 16-1660386	
		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 WILSON, P T 33 EAST WALL ST FROSTPROOF, FL 33843		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	MGR WILSON, PATRICIA JINX 2013 RUE ULYSSE BILOXI, MS 39531	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, PATRICIA JINX 2200 N. SCENIC HWY BABSON PARK, FL 33827
	<input type="checkbox"/> Delete		<input checked="" 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: <i>Patricia Jinx Wilson</i>		Patricia Jinx Wilson 863-635-4804	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	