2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED May 02, 2007 8:00 am Secretary of State 04-16-2007 90344 038 ****50.00

30.5 AACON WAY SOEN, AL 35903 GASEN, AL 35903 ASSERT AL 35903 Suite, Agit, 4 - etc. Suite, Agit, 6 - etc. Suite, Agit, 6 - etc. Suite, Agit, 7 - etc. Suite, Agit, 8 - etc. Suite, Agit, 9 - etc. Sui	1. Entity Name	MENT # L06000094 LD & RUMLEY, LLC	742				04-16-2007 9	0344	4 038 **	**50.00
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name Name Streat Address of New Registered Agent City FL 26 Code The above hands arity submits this statement for the purpose of changing its registered agent, or born, white site of Furida. I am issuade with, and accept the obligations of registered agent, or point, white site of Furida. I am issuade with, and accept the obligations of registered agent, or point, white site of Furida. I am issuade with, and accept the obligations of registered agent, or point, white site of Furida. I am issuade with, and accept the obligations of registered agent, or point, white sheets payable to Profide Perpentinent of States FHIT of Pagents, report to prime rame in registered pays with the following the states with a prime rame of registered agent, or point, white sheets payable to Profide Perpentinent of States FHIT of Pagents agent of States MCDONALD, JEREMY D STRET ADDRES MC MCDONALD, JEREMY D STRET ADDRES MC MCDONALD, JEREMY D STRET ADDRES GTT-51-39 GTS-51-39 GT	City & State				1 FEI Num	804677	7_			
DLINO, L. ALISON ESO, 27 EAST UNIVERSITY AVENUE AINESVILLE, FL. 32601 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilar with, and accept the obligation of Florids Department of State. FILING Fee is \$50.00 But by May 1, 2007 MANAGING MEMBERS / MANAGERS IN MANAGING MEMBERS /	Zip	Country	35901	Coun	try	5. Centificat	e of Status Desired			
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above harmed entry submits this statement for the purpose of changing its registered office or registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt. GNATURE South regist in price or price of the purpose of changing its registered office or registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligations of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligation of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligation of registered againt, or born, in the State of Florida. Ten familiar with, and accept the obligation of registered againt, or born, in the State of Florida. Ten familiar with, and accept the following part of Florida. Filling Fee is \$50.00 Filling Fee is \$50.00 Fordida Department of State MARCHADAS ARADOWAY The MARCHADAS ARADOWAY The State Address of The State of Florida State of Flo		6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New Registe	red Ag	ent	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. GNATURE Superior Registered agent. GNATURE FILITING Fee to \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TO. TO. MANAGING MEMBERS/MANAGERS TO. TO. MANAGING MEMBERS/MANAGERS TO. MANAGING MEMBERS/MANAGERS TO. MANAGING MEMBERS/MANAGERS TO. TO. MANAGING MEMBERS/MANAGERS TO. TO. MANAGING MEMBERS/MANAGERS TO. TO. MANAGING MEMBERS/M	527 EAST	UNIVERSITY AVENUE		Street Address (P.O. Box Number is Not Acceptable)						
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IREET ADDRESS ITY-51-ZIP 1. I hereby certify that the information supplied with this filling 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: ON MAS (), RUMLEY 4-9-07 (156-494-08)	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detate	HAA STR	æet address			i	Change	Addition .
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under onth; that I am a managing member of manager of the limited fability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4-9-07 456-494-08	NAME STREET ADDRESS GITY-ST-ZIP		□ Delete	STE	NE BEET ADDRESS				Change	Addition
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