


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000097497</b> 1. Entity Name 11930, LLC	
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FILED

2007 MAY 18 P 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03242007 Chg-LLC CR2E083 (12/06)

City & State	City & State
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4. FEI Number <span style="font-size: 1.5em; font-family: cursive;">20-5610174</span>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <span style="font-size: 1.2em; font-family: cursive;">Ayers 1 LIMITED PARTNERSHIP</span> <span style="font-size: 1.2em; font-family: cursive;">1900 SERPENTINE DR. SO.</span> <span style="font-size: 1.2em; font-family: cursive;">ST. PETERSBURG, FL 33712</span>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<span style="font-size: 1.2em; font-family: cursive;">800103591338</span> <span style="font-size: 1.2em; font-family: cursive;">05/31/07-01007-012 **1100.00</span>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
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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:** Valerie L. Ayers 4/28/07 729-215-4205

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