2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L00000000296

Entity Name: BICE COLE LAW FIRM, P.L.

Current Principal Place of Business:

1333 S.E. 25TH LOOP, SUITE 101
OCALA, FL 34471

New Principal Place of Business:

1333 S.E. 25TH LOOP
101
OCALA, FL 34471

Current Mailing Address:

1333 S.E. 25TH LOOP, SUITE 101
OCALA, FL 34471

New Mailing Address:

1333 S.E. 25TH LOOP
101
OCALA, FL 34471

FEI Number: 59-3615680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENNY, DAVID A
1333 S.E. 25TH LOOP, SUITE 101
OAKHURST PROFESSIONAL PARK
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BICE, JEAN A	
Address:	1333 S.E. 25TH LOOP, SUITE 101	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	COLE, SUSAN J	
Address:	2801 PONCE DE LEON BLVD., SUITE 550	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	GLENNY, DAVID A	
Address:	1333 S.E. 25TH LOOP, SUITE 101	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	SANDERS, GARY L	
Address:	1333 S.E. 25TH LOOP, SUITE 101	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	REICHERT, SCOTT G	
Address:	1333 S.E. 25TH LOOP, SUITE 101	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	DAVIS, MARCIA	
Address:	15316 NW 140TH STREET	
City-St-Zip:	ALACHUA, FL 32617	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	COLE, SUSAN J	
Address:	999 PONCE DE LEON BLVD., SUITE 710	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A GLENNY MGRM 03/06/2007

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