2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # L0000001797 1. Entity Name FURUD, LLC			(04-27-200		11 ****5	0.00
Principal Place	e of Business	Mailing Address			7	000425(77		
9625 WES KEARNEY WAY		P.O. BOX 5299							
RIVERVIEW, F	EL 33569 US	TAMPA, FL 33675-5299	9 05						
O Driverie el Di	leas of Dunioses No. D.O. Doy H	2 Mailing Address							
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		· ·	3. Mailing Address 5115 JOANNE KEARNEY BLVD:			88) 88 89 88 8			LQ
Suite, Apt.		Suite, Apt. #, etc.			03162007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numbe	-	-	IAp	plied For
City & State TAMPA FL		TAMPA	TAMPA FL		59-362		_	<u> </u>	t Applicable
Zip 33	Country USA	Zip 33619	Country	USA	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Curre		- 1		7. Name and	Address of New			<u> </u>
UADDIC I	D TDAOV I			Name 5	TAMES M. R	EED.			
HARRIS JR, TRACY J 9625 WES KEARNEY WAY			-	Street Address (P.O. Box Number is Not Acceptable)					
	W, FL 33569			_5115IC	<u>ANNE KEAR</u>	NEY BLVD.			
			<u> </u>	0.7				7:- 0-4	
				City TAM			FL	Zin God	
the obligati	named entity submits this statementions of registered agent.	of for the purpose of changing its re	egistered	d office or regis	stered agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered A	Agent signature requ	sired when reinstating)		DATE		
	77								
Fi De	iling Fee is \$50.00 ue by May 1, 2007						ike check p da Departm	ayable to ent of State	
FI Du	ue by May 1, 2007	//BERS/MANAGERS	10.			Florid		ent of State	•
9.	MANAGING MEN	//BERS/MANAGERS ☐ Delete	TITLE			Florid	da Departm	ent of State	Addition
9. TITLE NAME	MANAGING MEN MGRM HARRIS, TRACY J JR		TITLE NAME	I ADDRESS 51	15 JOANNE	ADDITION	da Departm	ent of State	
9.	MANAGING MEN		TITLE NAME	TADDALSS TO A	15 JOANNE	ADDITION:	da Departm	ent of State	
9. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	MANAGING MEN MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34683 MGRM		TITLE NAME STREET CITY-S TITLE	TADDALSS TO A		ADDITION:	da Departm	ent of State	
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despring Phone #