

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004517

FILED
May 14, 2007
Secretary of State

Entity Name: CULLEY & ASSOCIATES LLC

Current Principal Place of Business:

P.O. BOX 2092
WINTER PARK, FL 32790

New Principal Place of Business:

1451 NORFOLK AVE
WINTER PARK, FL 32789

Current Mailing Address:

P.O. BOX 2092
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 91-2084598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CULLEY, STUART K
1451 NORFOLK AVENUE
WINTER PARK, FL 32789 US

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: MGR () Delete
Name: CULLEY, STUART
Address: 1451 NORFOLK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CULLEY, STEVE
Address: 9900 BURGUNDY BAY
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CULLEY, STUART
Address: 1451 NORFOLK AVE
City-St-Zip: WINTER PARK, FL 32789

Title: V P (X) Change () Addition
Name: CULLEY, STEVE
Address: 9900 BURGUNDY BAY
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify 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: STEVE CULLEY

MGR

05/14/2007

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