2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 16, 2007 8:00 am Secretary of State

Name and Address of Business No P.O. Box # S. Mailing Address P.O. St. 20 S.	1. Entity Name	MENT#LUUUUUUU9 RECT, LLC			04-16-2007	90342 008 ***	**5 0.0	00		
LAKELAND, FL 33811-3311 LAKELAND, FL 33802-2018 2. Principal Pace of Business - No P.O. Box # 2. Mailing Address P.O. S.o.x \$20.8 Suite, Aprl. #. etc.	Principal Place	e of Business		7						
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Zig Country Zip S5.802.2c6 Country S. Country See Address of New Registered Agent Name Street Address of New Registered Agent City FL Zip Country FL Zip Country FL Zip Country Street Address of New Registered Agent City City FL Zip Country	City 8 State		Treasury Ligenses		A ESI Numb				ed For I	
S. S. Name and Address of Current Registered Agent ATTAWAY JR. JOHN A 3300 PUBLIX CORPORATE PKWY LAKELAND, FL 33811-3311 Since I provide a large transport of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Signature Types or prince teams of registered agent. Signature Types or prince teams of registered agent. Filling Foe is \$50.00 Due by May 1, 2007 Make check payable to Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am farm liar with, and accept the farm liar with and accept the state of Florida. I am farm liar with and accept the farm liar with and accept th	City & State				I					
Name and Address of Current Registered Agent Name Na	Zip	Country			5. Certificate	e of Status Desired			onat	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Name	Name						
R. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	3300 PUBL	IX CORPORATE PKWY		Street Address	s (P.Q. Box Numb	per is Not Acceptable))			
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