2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000000426

1. Entity Name

FINLEY ENTERPRISES LLC

Principal Place of Business	Mailing Address
3532 SW BOBALINK WAY PALM CITY, FL 34990	3532 SW BOBALINK WAY PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

01072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
06-1534385	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

FINLEY, ROBERT
3532 SW BOBALINK WAY
PALM CITY, FL 34990

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FINLEY, ROBERT
STREET ADDRESS	3532 SW BOBALINK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	FINLEY, LYDIA
STREET ADDRESS	3532 SW BOBALINK WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80032-024 50.00

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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: _____

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