## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000001210

Entity Name: CABANISS, SMITH, TOOLE & WIGGINS, PL

FILED Feb 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 485 N KELLER ROAD #401 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** PO BOX 4924 ORLANDO, FL 32802 FEI Number: 59-3693674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIGGINS, MICHAEL J MGR SMITH, LARRY D MGR 485 N KELLER ROAD 485 N KELLER ROAD SUITE 401 SUITE 401 MAITLAND, FL 32751 US MAITLAND, FL 32751 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: LARRY D. SMITH 02/13/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CABANISS, RONALD Name: Name: 485 N KELLER ROAD, STE 401 Address: Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition SMITH, LARRY D Name: Name: Address: 485 N KELLER ROAD, STE 401 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WIGGINS, MICHAEL J Name: Name: 485 N KELLER ROAD, STE 401 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: TOOLE, M. GARY Name: 485 N KELLER ROAD, STE 401 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SMITH, JOHN W Name: Name: 485 N KELLER ROAD, STE 401 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition WALLIS, FREDERIC R Name: Name: Address: 485 N KELLER ROAD, STE 401 Address: MAITLAND, FL 32751 City-St-Zip: 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: LARRY D SMITH MGR 02/13/2007