


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90346 043 \*\*\*\*50.00

<b>DOCUMENT # L01000010767</b> 1. Entity Name <b>FEATHERSTONE, L.L.C.</b>					
Principal Place of Business <b>102 4TH STREET BELLEAIR BEACH, FL 33786-3213</b>			Mailing Address <b>102 4TH STREET BELLEAIR BEACH, FL 33786-3213</b>		
2. Principal Place of Business - No P.O. Box # <b>10226 FALCON TERRACE</b>		3. Mailing Address <b>10226 FALCON TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SEMINOLE, FL</b>		City & State <b>SEMINOLE, FL</b>		4. FEI Number <b>59-3729552</b>	
Zip <b>33778</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>FEATHERSTONE, RONALD W SR. 10226 FALCON TERR. SEMINOLE, FL 33777</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Ronald W. Featherstone, Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4-4-2007 727-392-3141</u> <small>Date Daytime Phone #</small>		