

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015449

FILED
Apr 29, 2007
Secretary of State

Entity Name: TRUEIRA ENTERPRISES, L.L.C.

Current Principal Place of Business:

140 MALLET BAYOU DRIVE
FREEPORT, FL 32439

New Principal Place of Business:

245 JUNIPER ISLAND DR.
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

140 MALLET BAYOU DRIVE
FREEPORT, FL 32439

New Mailing Address:

PO BOX 1109
FREEPORT, FL 32439

FEI Number: 01-0593737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUEIRA, SCOTT K
140 MALLET BAYOU DRIVE
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

TRUEIRA, SCOTT K
245 JUNIPER ISLAND DR.
DEFUNIAK SPRINGS, FL 32433 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: _____

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRUEIRA, SCOTT K
Address: 140 MALLET BAYOU DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: MGR (X) Delete
Name: TRUEIRA, NANNETTE M
Address: 140 MALLET BAYOU DRIVE
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRUEIRA, SCOTT K
Address: 245 JUNIPER ISLAND DR.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT K. TRUEIRA

MGR

04/29/2007

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