


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90040 036 ****50.00

DOCUMENT # L01000015824 1. Entity Name CONTRACT ONE, LLC					
Principal Place of Business 1501 S ALEXANDER ST STE 101 PLANT CITY, FL 33563			Mailing Address POB 3566 PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 1507 S. Alexander St.,		3. Mailing Address 			
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. 			
City & State Plant City, FL		City & State 		4. FEI Number 59-3749105	
Zip 33563		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRATH, LOUIS W 507 WEST DR., MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33566 1507 S. Alexander St., Suite 103 Plant City, FL 33563			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGRATH, LOUIS W 1501 S ALEXANDER ST STE 101 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGRATH, GAIL C 1501 S ALEXANDER ST STE 101 PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Joe C. McGrath</u> 3-19-07 813-747-1128 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		