
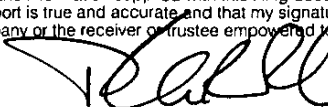


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90183 015 \*\*\*\*50.00

<b>DOCUMENT # L01000018692</b> 1. Entity Name <b>LEWIS, BIRCH &amp; RICARDO, LLC</b>					
Principal Place of Business <b>1401 COURT STREET CLEARWATER, FL 33756</b>			Mailing Address <b>1401 COURT STREET CLEARWATER, FL 33756</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>32-0000304</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>KINDT, MICHAEL D 1401 CT ST CLEARWATER, FL 33756</b>			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) DATE _____					
<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	<b>MGRM LEWIS, MICHAEL E CPA 1401 COURT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM McDonald, Tracey L, CPA 1401 Court Street Clearwater, FL 33756</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Isler, Betty, CPA 1401 Court Street Clearwater, FL 33756</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RICARDO, RONALD M CPA 1401 COURT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GILMAN, CRAIG A CPA 1401 COURT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KINDT, MICHAEL D CPA 1401 COURT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLS, KATHLEEN M CPA 1401 COURT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Douglas R Birch</b> <b>4/10/07</b> <b>727-446-3058</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					