## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 09, 2007 8:00 am Secretary of State

NAME ATLEE, KEYNONS STREET ADDRESS 4501 BEVERLY AVENUE CITY-S1-ZIP JACKSONVILLE, FL 32210  NAME STREET ADDRESS 5851 TIMUQUANA Rd Ste 301 CITY-S1-ZIP JACKSONVILLE, FL 32210								
4501 BEVERLY AVE.  JACKSONVILLE, FL 32210  2. Principal Plaggap Business - No P.O. Box # JACKSONVILLE, FL 32210  2. Principal Plaggap Business - No P.O. Box # JACKSONVILLE, FL 32210  Suite, Appl. 4 JACKSONVILLE, FL 32210  Suite, Appl. 4 JACKSONVILLE, FL 32210  O4202007 Chg.LLC CR2E083 (12/06)  INA FEI Number 59-3757531  Special Suite, Appl. 4 JACKSONVILLE, FL 32210  O4202007 Chg.LLC CR2E083 (12/06)  O4202007 Chg.LC CR2E083 (12/06)  O4202007 Chg.LLC CR2E083 (12/06)  O4202007 Chg	1. Entity Name					05-09-2007	90031 012 ****5	50.00
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address.  Suile, Apt #, ret.   Suile App #, ret.   Suile Apt #, ret.   Suile Apt #, ret.   Suile Apt #, ret.   Suile App #, ret.				210		*		
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Security	Cibe Store		City & State		4 55131		1 14	
Signature  Signature hypodor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  Make check payable to Florida Department of State  Make Check	JACK.	SONVILLE FL	1	ille A.			<del>⊢ ⊢</del>	· · · · · · · · · · · · · · · · · · ·
6. Name and Address of Current Registered Agent  ATLEE, KENYON S 4501 BEVERLY AVE.  JACKSONVILLE, FL 32210  Steps Address (9.9. Box Number is Not Acceptable)  JEGONDALIE, FL 32210  Steps Address (9.9. Box Number is Not Acceptable)  JEGONDALIE, FL 32210  Steps Address (9.9. Box Number is Not Acceptable)  JEGONDALIE, FL 32210  SIGNATURE  Signature required when remissions of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissions)  Make check payable to Florida Department of State  Filling Fee Is \$50.00  Due by May 1, 2007  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  NAME  ATLEE, KEYNON S  SIREET ADDRESS  GITY-SI-ZIP  JACKSONVILLE, FL 32210  Name  ATLEE, KEYNON S  SIREET ADDRESS  GITY-SI-ZIP  JACKSONVILLE, FL 32210	Zio 777	112 Country	Zip	Country	5. Certifica	te of Status Desired		
ATLEE, KENYON S 4501 BEVERLY AVE.  JACKSONVILLE, FL 32210  Stept Address (P.G. Box Number is Not Acceptable)  JEC 301  City ACCEPTABLE Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent.  SIGNATURE  Filling Fee Is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  ITLE  NAME  ATLEE, KEYNON S  STREET ADDRESS  GIY-SI-2P  JACKSONVILLE, FL 32210  Name  Street Address  STREET ADDRESS  GIY-SI-2P  JACKSONVILLE, FL 32210  Name  STREET ADDRESS  ADDITIONS/CHANGES  CITY-SI-2P  JACKSONVILLE, FL 32210  Name  STREET ADDRESS  CITY-SI-2P  JACKSONVILLE, FL 32210		6. Name and Address of Curr		MATTE	7. Name ar	nd Address of New R		
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee Is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  ITILE  NAME  ATLEE, KEYNON S  STREET ADDRESS  STREET ADDRESS  4501 BEVERLY AVENUE  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE, FL 32210	JACKSON'	VILLE, FL 32210		263	I I I MUG	UANKI	<u> </u>	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee Is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  ITILE  NAME  ATLEE, KEYNON S  STREET ADDRESS  STREET ADDRESS  4501 BEVERLY AVENUE  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE, FL 32210				05+0	3018			
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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 accorate 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

an SIGNATURE: Keryon S. Atlee
SIGNATURE AND TYPED OR DEUTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-07 Date

904-384-6964 Daytime Phone #