

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006536

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** LAW OFFICES OF CLAYTON J. MYNARD, P.L.

**Current Principal Place of Business:**

1208 DRUID LANE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18361  
TAMPA, FL 336798361 US

**New Mailing Address:**

**FEI Number:** 03-0419098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYNARD, CLAYTON J  
1208 DRUID LANE  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

MYNARD, CLAYTON  
1208 DRUID LANE  
TAMPA, FL 33629 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: CLAYTON MYNARD

01/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MYNARD, CLAYTON J  
Address: 1208 DRUID LANE  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MYNARD, CLAYTON  
Address: 1208 DRUID LANE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAYTON MYNARD

MGRM

01/22/2007

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