

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011206

FILED  
May 07, 2007  
Secretary of State

Entity Name: PIPE DREAMS SMOKE SHOP LLC

**Current Principal Place of Business:**

13971 N. CLEVELAND AVE  
#13  
N. FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13971 N. CLEVELAND AVE  
#13  
N. FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 34-2041661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RILEY, SCOTT R  
13971 N. CLEVELAND AVE  
#13  
N. FORT MYERS, FL 33903 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RILEY, SCOTT R  
Address: 13971 N. CLEVELAND AVE  
City-St-Zip: N. FORT MYERS, FL 33903

**ADDITIONS/CHANGES:**

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 R. RILEY

MGRM

05/07/2007

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