

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90139 050 \*\*\*\*50.00

60010007



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number **55-0803278** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HAESEMEYER, ELIZABETH  
7321 HOWARD ROAD  
BOKEELIA, FL 33922

## 7. Name and Address of New Registered Agent

Name David Dunbar  
Street Address (P.O. Box Number is Not Acceptable) 7321 Howard Road  
City Bokeelia FL 33922

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] Manager David Dunbar Mgr. 2-5-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME HAZEN, RADFORD  
STREET ADDRESS 7321 HOWARD ROAD  
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE MGRM ☐ Delete  
NAME DUNBAR, DAVID  
STREET ADDRESS 7321 HOWARD ROAD  
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE MGR ☒ Delete  
NAME HAESEMYER, ELIZABETH  
STREET ADDRESS 7321 HOWARD ROAD  
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE MGR ☐ Delete  
NAME SMITH, DONALD K  
STREET ADDRESS 7321 HOWARD ROAD  
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-5-07 939-983-9282