2007 LIMITED LIABILITY COMPANY ANNUAL REPORT .

Apr 02, 2007 08:00 AM **Secretary of State DOCUMENT # L03000008189** 1. Entity Name SS & SONS, L.L.C. Principal Place of Business Mailing Address 203 WEST OAK ST. 203 WEST OAK ST. ARCADIA, FL 34266 ARCADIA, FL 34266 US 03232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0068703 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, SANDRA L DO NOT WRITE 203 WEST OAK ST. ARCADIA, FL 34266 IN THIS SPACE 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, typod or printed reprinted regularity and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM SANDERS, SANDRA L NAME STREET ADDRESS 203 WEST OAK ST. CITY-ST-ZIP ARCADIA, FL 34266 TITLE U00000685670 04/09/07-80015-003 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE

11. I horeby certify that the information supplied with this filling 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 eath; 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.

Sandra Sanders

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

NAME STREET ADDRESS CITY-ST-ZIP

3/30/07

21.2-191-5003

Daytime Phone #

FILED