2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000013470

1. Entity Name
ASAP BAIL BONDS, L.L.C.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1974 ADAMS LANE SARASOTA, FL 34236 Mailing Address

1974 ADAMS LANE SARASOTA, FL 34236



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1182684 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MANESS, PAUL D 1974 ADAMS LANE SARASOTA, FL 34236

STREET ADDRESS

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in t	the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		U00000578392 L/09/07-80025-021-50,00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM MANESS, PAUL D 1974 ADAMS LANE SARASOTA, FL 34236		
TITLE NAME STREET AODRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
THTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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: Paul D. man		5	 07	7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #	