

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013619

Entity Name: FEMILLIONAIRES, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32791

New Principal Place of Business:

812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 57-1161596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, DR. FLORENCE
P.O. BOX 915115
LONGWOOD, FL 32791 US

Name and Address of New Registered Agent:

ALEXANDER, DR. FLORENCE
812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 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: DR. FLORENCE ALEXANDER

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEXANDER, DR. FLORENCE
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

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 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: DR. FLORENCE ALEXANDER

MGR

01/08/2007

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