

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 050 ****50.00

DOCUMENT # L03000013991					
1. Entity Name SEVEN HILLS, L.L.C.					
Principal Place of Business 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688			Mailing Address 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688		
2. Principal Place of Business		3. Mailing Address P.O. Box 969			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TARPON SPRINGS, FL		4. FEI Number 01-0808371	
Zip		Zip 34688-0969		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT ST., STE. 102 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, CHARLES 732 NORTH HIGHLAND AVE. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, LASANDRA 732 N. HIGHLAND AVE TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.			_____		
SIGNATURE: <i>Lasandra Anthony</i>			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 1-27-05 727-939-9049		