2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



FILEU SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

Date

1. Entity Name	MENT#LU3000014 ioney, llc	779		07 SEP 13	PM 2: 05
Principal Place of Business Mailing Addre			1	1	
5957 BUCK LAKE ROAD 1ALLAHASSEE, FL 32317		5957 BUCK LAKE ROAD Tallahassee, Fl 32317			
Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		Suite, Apt. #, etc.		09042007 Chg-LLC	CR2E083 (12/06)
City & State		City & State		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired	S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name					
MONEY, MICHAEL 5957 BUCK LAKE ROAD TALLAHASSEE, FL 32317 Plant (1) Street Address (P.O. Box Number is Not Acceptable)					
INCLANA	P/9	VI CIC	6 3		
	` •	tau till	25/chy7	· ·	FL 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					
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE
Fil Due t	ing Fee is \$50.00 by September 14, 2007			l l	ake check payable to da Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITION	S/CHANGES
Pal E	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
MAME STREET ADDRESS	MONEY, MICHAEL 5957 BUCK LAKE ROAD 5	ry 7 Ped ach	NAME STREET ADDRESS		
CHY ST-ZIP	TALLAHASSEE, FL 32317	Plant Di.	CITY-ST-ZIP		
HE	MGRM	☐ Delete	TITLE	400100	B413974 Addition
FIAME STREET ADDRESS	CALLOWAY, JOHNNY 5547 PENDRICK PLANTATION	CIRCLE	NAME STREET ADDRESS	09/13/07010	28013 **300.00
CHY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	32. 22. 21	7. 0.0
1013		☐ Delete	TITLE		Change Addition
HAML STREET ADDRESS			NAME STREET ADDRESS		,
CHY ST ZIP			CITY-ST-ZIP		
INCE		☐ Delete	TITLE		☐ Change ☐ Addition
STATE ADDRESS			NAME STREET ADDRESS		
SIREET ADDRESS CITY-S1-ZIP			CITY-ST-ZIP		
PH1		☐ Delete	TITLE	<u> </u>	☐ Change ☐ Addition
DMAL			NAME OVERSY ARRESTOR		
CHY ST ZIP			STREET ADDRESS CITY-ST-ZIP		
1.11.		Delete	TITLE		☐ Change ☐ Addition
I-ALM			NAME		
STREET ADDRESS			STREET ADDRESS CHTY-ST-ZIP		
CITY SI ZIP	and the the later stice and in a still	h thin filling does not qualify to		d in Chapter 119 Florida Statutos	I further certify that the information
11. Ubereby 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 affect 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.					