

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020642

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: NILLA SHEILDS, LLC

## Current Principal Place of Business:

C/O DUPONT PUBLISHING, INC.  
3051 TECH DR.  
ST. PETERSBURG, FL 33716

## New Principal Place of Business:

## Current Mailing Address:

C/O DUPONT PUBLISHING, INC.  
3051 TECH DR.  
ST. PETERSBURG, FL 33716

## New Mailing Address:

FEI Number: 57-1172270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUPONT, THOMAS L  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

DUPONT, THOMAS L  
3051 TECH DRIVE  
ST PETERSBURG, FL 33716 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: THOMAS L DUPONT

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DUPONT, THOMAS  
Address: 3051 TECH DR.  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM ( ) Delete  
Name: CHAPMAN, STEVEN B  
Address: 3051 TECH DRIVE  
City-St-Zip: ST. PETERSBURG, FL 33716

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS L DUPONT

MGR

04/26/2007

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