



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 020 ****55.00

DOCUMENT # L03000022061					
1. Entity Name SISSON MEADOWS, LLC					
Principal Place of Business 5095 S WASHINGTON AVE 201 TITUSVILLE, FL 32780			Mailing Address 5095 S WASHINGTON AVE 201 TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box # 2825 BUSINESS CENTER BLVD Suite, Apt. #, etc. Suite C-1 City & State Melbourne FL Zip 32940 Country FLORIDA		3. Mailing Address 2825 BUSINESS CENTER BLVD Suite, Apt. #, etc. Suite C-1 City & State Melbourne FL Zip 32940 Country FLORIDA			
4. FEI Number 48-0607906				01302007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOLITOR, ROGER J 5095 S WASHINGTON AVE 201 TITUSVILLE, FL 32780 2825 BUSINESS CENTER BLVD SUITE C-1 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOLITOR, ROGER J 5095 S WASHINGTON AVE STE 201 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2825 BUSINESS CENTER BLVD Suite C-1 Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMMS, DON 2825 BUSINESS CENTRE BLVD. STE. C-1 MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2825 2825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM (Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
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: _____			1-31-07 321-259-0202		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		