2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 13, 2007 08:00 AM Secretary of State

Daytime Phone #

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1. Entity Nam	MENT # L030000273				,
	ce of Business	Mailing Address		•	
6582 PALME SARASOTA, F	ER PARK CIRCLE Fl. 34238 US	PO BOX 758 OSPREY, FL 34229 US			
	YO NOT WOITE	IN THIS SDA	NOE.	07182007 No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE			礼し E	4. FEI Number 20-0110595	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Re	iglatered Agent			
JONES, JEFFREY F PO BOX 758 OSPREY, FL 34229				DO NOT W	RITE
				IN THIS SPACE	
				ily 11110 Of	ACL
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.					
SIGNATURESignature, typed or pdrakd name of registered agent and bits if applicable. (NOTE: Registered Agent afgrature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 14, 2007					
9,	MANAĞINĞ MEMBER!	S/MANAGERS	_		
title Name	MGRM JONES, JEFFREY F				
STREET ADDRESS CITY-ST-ZIP	PO BOX 758 OSPREY, FL 34229				
TITLE NAME		-		UQQ 	1000773944 107-80006-015 50. 00
STREET ADDRESS CITY-ST-ZIP					·蒙古·東西中國 中国 Aggress see
TITLE	-		- 		. •
NAME STREET ADDRESS				DO NOT W	il jimal' ji sallat jima
CITY-ST-ZIP				DO NOT W	
title Name				IN THIS SF	ACE
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					
STREET ACCRESS					,
CITY-ST-ZIP				-	
NAME					
STREET ADDRESS			1		

11. I hereby certify that the information supplied with this filling 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 eath; 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.

URE:

SIGNATURE: