


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000027529</b><br>1. Entity Name<br><b>LEGAL PADS, LLC</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 90<br/>ST. PETERSBURG, FL 33731</b> | Mailing Address<br><b>P.O. BOX 90<br/>ST. PETERSBURG, FL 33731</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-LLC

CR2E083 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-0120353</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>GOODIS, JEFFREY<br/>5140 SANDPIPER LANE S<br/>ST. PETERSBURG, FL 33711</b> |
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IN THIS SPACE**

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOODIS, JEFFREY<br>5140 SANDPIPER LANE S<br>ST. PETERSBURG, FL 33711    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>THOMPSON, JIM JR.<br>555 17TH AVE NE<br>ST. PETERSBURG, FL 33704        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>THOMPSON, JIM<br>700 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33701         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GROSECLOSE, LYNN<br>1201 6TH AVENUE W, #326<br>BRADENTON, FL 34208      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RICHARDSON, JOHN<br>700 CENTRAL AVENUE #500<br>ST. PETERSBURG, FL 33701 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MILLER, CHANDRA<br>700 CENTRAL AVENUE ST.<br>ST. PETERSBURG, FL 33701   |

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03/01/07-80023-009 50.00

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.

|  |                     |                                     |
|--|---------------------|-------------------------------------|
| <b>SIGNATURE:</b>  <b>JAMES B THOMPSON JR</b> | Date <b>2/15/07</b> | Daytime Phone # <b>727-463-1573</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                      |                     |                                     |