


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000028780 1. Entity Name SIMPLY THE BEST BUSINESS REFERRALS, LLC	
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Principal Place of Business 3483 PALM CITY SCHOOL AVE PALM CITY, FL 34990	Mailing Address P.O. BOX 1885 PALM CITY, FL 34991
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 00-4404809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRECHBILL, MARK 215 SOUTH FEDERAL HIGHWAY, SUITE 100 STUART, FL 34994
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000619166
02/08/07-80060-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SITES, RUSSELL W P.O. BOX 1885 PALM CITY, FL 34991
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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:  Russell W Sites 1/30/07 772-283-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #