


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035976**

1. Entity Name  
 CAUDLE TRUST, LLC



Principal Place of Business  
 304 S. HARBOR CITY BLVD., STE. 201  
 MELBOURNE, FL 32901

Mailing Address  
 304 S. HARBOR CITY BLVD., STE. 201  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-6665207	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DETTMER, DALE A  
 304 S. HARBOR CITY BLVD., STE. 201  
 MELBOURNE, FL 32901

**DO NOT WRITE 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DETTMER, DALE A 304 S. HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAUDLE, JEANNE PO BOX 410187 MELBOURNE, FL 329410187
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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **1/16/07** **321-723-5646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #