


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000044513**

1. Entity Name  
**MICHAEL B. TILLMAN, LLC**



Principal Place of Business  
**181 BLUEBIRD LANE**  
**CARWFOORDVILLE, FL 32327**

Mailing Address  
**181 BLUEBIRD LANE**  
**CARWFOORDVILLE, FL 32327**

**DO NOT WRITE IN THIS SPACE**



04092007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>61-1459608</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**TILLMAN, MICHAEL B**  
**181 BLUEBIRD LANE**  
**CARWFOORDVILLE, FL 32327**

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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 re-registering)

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

000000700768  
 04/20/07-80031-012 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>TILLMAN, MICHAEL B</b> <b>181 BLUEBIRD LANE</b> <b>CARWFOORDVILLE, FL 32327</b>
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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: *Michael B. Tillman* **4-9-07**

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