

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 30, 2007  
Secretary of State**

DOCUMENT# L03000048916

Entity Name: JULIUS C. MENDOZA, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

5517 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 147  
ARIPEKA, FL 34679 US

FEI Number: 87-0761046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

USACCOUNTING OFFICE, INC.  
4815 E BUSCH BLVD  
SUITE 113  
TAMPA, FL 33617 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: MENDOZA, JULIUS C  
Address: 18824 ROSEMARY RD. - P.O. BOX 147  
City-St-Zip: ARIPEKA, FL 34679 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIUS C. MENDOZA

MGR

08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date