2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000051170 07 SEP 18 PH 12: 02 DONALD A. FRENCH, L.L.C. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 2899 56TH LANE NORTH 2899 56TH LANE NORTH ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 07162007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3708961 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRENCH, DONALD A DO NOT WRITE 2899 56TH LANE NORTH ST. PETERSBURG, FL 33710 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 400109526594 09/18/07--01005--013 **50,00 Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FRENCH, DONALD A 2899 56TH LANE NORTH STREET ADDRESS ST. PETERSBURG, FL 33710 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/14/07

FILED

Daytime Phone #