2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051787

1. Entity Name
DAVID A. SCOTT, LLC

FILED

2007 MAY -1 AM 8: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2713 PARRAMORE SHORES ROAD	2713 PARRAMORE SHORES ROAD
TALLAHASSEE, FL 32310	TALLAHASSEE, FL 32310

DO NOT WRITE IN THIS SPACE

05012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
80-0084512	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DAVID A
2713 PARRAMORE SHORES ROAD
TALLAHASSEE, FL 32310

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCOTT, DAVID
STREET ADDRESS	2713 PARRAMORE SHORES ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	LS

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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:

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