2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Mar 14, 2007 08:00 AM Secretary of State

DOCUMENT # L03000056592

1. Entity Name SHERRY T PLESS LC



Principal Place of Business

239 NE 130TH PL Branford, FL 32008 Mailing Address

239 NE 130TH PL BRANFORD, FL 32008



03122007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number	A	oplied For
13-4239816	1	lot Applicable
5. Certificate of Status Desired	\$5.00 Ad Fee Requir	

6. Name and Address of Current Registered Agent

PLESS, SHERRY R 239 NE 130TH PL BRANFORD, FL 32008

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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	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLESS, SHERRY T 239 NE 130TH PL BRANFORD, FL 32008		U00000663396	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			03/23/07-80068-017 SO.OO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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.				

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