## 2007 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT Apr 30, 2007 08:00 Al Secretary of State **DOCUMENT # L03000056660** 1. Entity Name BARRY A. MEFFORD L.L.C. Principal Place of Business Mailing Address **5436 SILVER SPUR DRIVE 5436 SILVER SPUR DRIVE** HOLIDAY, FL 34690 HOLIDAY, FL 34690 01272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3715031 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEFFORD, BARRY A DO NOT WRITE 5436 SILVER SPUR DRIVE HOLIDAY, FL 34690 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 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MEFFORD, BARRY A NAME STREET ADDRESS 5436 SILVER SPUR DRIVE CITY-5T-ZIP HOLIDAY, FL 34690 TITLE U000000743647 NAME STREET ADDRESS 05/15/07-80117-014 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 review or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #