## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DOCUMENT # L03000057400

1. Entity Name BRENDAN GILLESPIE ENTERPRISES, LLC



**FILED** Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

3492 TOMAHAWK AVE SPRING HILL, FL 34606 Mailing Address

3492 TOMAHAWK AVE SPRING HILL, FL 34606

WRITE IN THIS SPACE



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2124197 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, BRENDAN

CITY-ST-ZIP

12057 ELDRON ST SPRING HILL, FL 34608		* ***	IN THIS SPACE	
A 71			· · · · · · · · · · · · · · · · · · ·	x:
<ol> <li>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.</li> </ol>				
SIGNATURE.				
	Signature, typed or printed name of registered agent and little 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 NAME	MGRM BRENDAN, GILLESPIE J		•	71 Mark 4 ( )
STREET ADDRESS	3492 TOMAHAWK AVE			284
CITY-ST-ZIP	SPRING HILL, FL 34606	**		
TITLE NAME		*	000000678942 04/03/07-80018-020 5	
STREET ADDRESS			J4/03/U7-8UU18-U2O 5	0.00
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS		DO:	NOT WRITE	
CITY-ST-ZIP				
NAME		IN I	HIS SPACE	
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME				A. L. Lea
STREET ADDRESS 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 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