

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057425

Entity Name: PYLE & DELLINGER, PL

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1655 N.CLYDE MORRIS BLVD. STE 1
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1655 N.CLYDE MORRIS BLVD. STE 1
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-0563647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLE, MICHAEL A
1655 N.CLYDE MORRIS BLVD. STE 1
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

P & D MANAGEMENT, LLC
1655 N.CLYDE MORRIS BLVD. STE 1
DAYTONA BEACH, FL 32117 US

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.

SIGNATURE: MICHAEL A. PYLE, MANAGER

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P M () Delete
Name: PYLE, MICHAEL A
Address: 1655 N.CLYDE MORRIS BLVD. STE 1
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VP () Delete
Name: DELLINGER, TRISHA L
Address: 1655 N. CLYDE MORRIS BLVD., STE 1
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PYLE, MICHAEL A
Address: 1655 N.CLYDE MORRIS BLVD. STE 1
City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL A. PYLE

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date