## 2007 LIMITED LIABILITY COMPANY . ANNUAL REPORT

SIGNATURE:

## FILED May 02, 2007 08:00 AM Secretary of State

. ANNUAL REPORT				Secretary of Sta	
1. Entity Naл	MENT # L0400000	1096			J = 1 = 1
	e of Business PING HAMMOCK DR FL 34231	Mailing Address 5465 CREEPING HAMMOCK DI SARASOTA, FL 34231	R	 	. Dour Goth inder drug tome bligg; in Joh
DO NOT WRITE IN THIS SPACE			04172007 No Chg-LLC	CR2E083 (11/05)	
			CE	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
				Certificate of Status Desired	\$5.00 Additional Fee Required
	5. Name and Address of Curren	Registered Agent			ree Required
CHAFFIN, GLENN 5465 CREEPING HAMMOCK DR				DO NOT W	RITE
SARASO7	FA, FL 34231			IN THIS SP	ACE
	named entity submits this statement f	or the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature, typeo or printed name of registered agen	and title diapplicable. (NOTE: Register	nd Agent signature required	when rematating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			05/23%	100755722 17-80041-013 50.00	
9.	MANAGING MEMB	ERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIN, GLENN 5485 CREEPING HAMMOCK D SARASOTA, FL 34231	R			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					
11. I hereby indicated			<u> </u>	d in Chapter 119, Florida Statutes. I	

ER, OR AUTHORIZED REPRESENTATIVE