2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L0400001955 03-02-2007 90189 031 ****50.00 1. Entity Name TOM K. SLATTERY LLC Principal Place of Business Mailing Address 60020567 7430 MOLOKAI STREET 7430 MOLOKAI STREET ORLANDO, FL 32922 ORLANDO, FL 32922 2 Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State 4 EEI Number Applied For **NOT APPLICABLE** Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLATTERY, TOM K Street Address (P.O. Box Number is Not Acceptable) 7430 MOLOKAI STREET ORLANDO, FL 32922 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Marm. Delete TITLE ☐ Addition SLATTERY, TOM K NAME NAME SLATTERY TOM K. HIBI LK, ELEXNOE DR. MT. DORA, IEL. 3275 CHange STREET ADDRESS 7430 MOLOKAI STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32922 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. If 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 exempt this report as required by Chapter 608, Florida Statutes.

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

FILED Mar 02, 2007 8:00 am

.2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)		
DOCUMENT # L0400001955 1. Enlity Name TOM K. SLATTERY LLC				ATTAQUE
TOM K.	SLATTERY LLC	,		ATTACHMENT
Principal Plac	ce of Business	Mailing Address		
7430 MOLO ORLANDO	OKAI STREET FL 32922	7430 MOLOKAI STREI ORLANDO FL 32922	ET	
Principal Place of Business - No P.O. Box #				60620567
Suite, Apt. #, etc. Suite, Apt. #, etc.				1st MOORE CR2E083 (10/66)
City & State City & State		City & State		
City & Stat		City & State		4. FEI Number NO-T APPLICABLE Applicable Not Applicable
327	157 Country LAKE	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent Name and Address of New Registered Agent				
SLATTERY, TOM K 7430 MOLOKAI STREET				(P.O. Box Number is Not Acceptable)
ORLANDO FL 32922			City AA	OLLAKE ELEANOR DR.
				FL 3757
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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007				
9.	MANAGING MEMBER		10.	ADDITIONS/CHANGES
THLE"	MGRM	Delete		Change Additiv
NAME STREET ADDRESS	SLATTERY, TOM K 7430 MOLOKAI STREET			ATTERY TOM K
CITY-ST-ZIP	ORLANDO FL 32922		CITY-SI-ZIP	131 LK, ELEANOR DR
HTU.		Delete	TOLL M	1. DORA, HL. SCHOOL
NAME. STREET ADDRESS CITY+SI-ZIP	-		NAMI: STREEL ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	NAME STREET ADDRESS CITY-S1-ZIP	_ change .
THE		☐ Delele	TITLE	Change Addition
NAME STREET ADDRESS CITY-SI-ZIP		_ ovide	NAME STRLET ADDRESS CITY ST-ZIP	_ Strange Mulmon
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is tote and accurate and that my signature shall have the same legal offect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 1 1-2-07 4079470038				
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER MAR	AGER OR AUTHORIZED REPORTS	ENTATIVE Date Date Continue Phone #