

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009369

1. Entity Name
BILLIE ANN SALA, L.L.C.



Principal Place of Business
**7835 W. INN ST.
HOMOSASSA, FL 34446**

Mailing Address
**P.O. BOX 2953
HOMOSASSA SPRINGS, FL 34447**



01142007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575470

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BILLIE ANN SALA
7835 W. INN ST.
HOMOSASSA, FL 34446**

**DO NOT WRITE
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 of person who is the current registered agent and the filer of this report

Signature of Registered Agent if different from filer

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
BILLIE ANN SALA
STREET ADDRESS
P.O. BOX 2953
CITY-STATE-ZIP
HOMOSASSA SPRINGS, FL 34447

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CITY-STATE-ZIP

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02/19/07-80033-021 55.00

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IN THIS SPACE**

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

Billie Ann Sala

2/8/07