


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90051 025 ****55.00

DOCUMENT # L04000010508 1. Entity Name MICHAEL FOUGHT LLC					
Principal Place of Business 2051 POINEER TRAIL #159 NEW SMYRNA BEACH, FL 32168				Mailing Address 3280 C42 S ATLANTIC AVE DAYTONA BEACH SHORES, F; 32118	
2. Principal Place of Business - No P.O. Box # 1671 RIVER RD.		3. Mailing Address 1671 RIVER RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEt Number 30-0228668	
Zip 32207		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOUGHT, MICHAEL 2051 POINEER TRAIL #159 NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOUGHT, MICHAEL 2051 POINEER TRAIL #159 NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					