2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022692

1. Entity Name HEWITT J. DUPONT, CPA, PL



FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90205 046 ****50.00

Principal Place of Business			Mailing Address				2000000				
1515 HERBERT ST			1515 HERBERT ST				20000006				
STE. 213			STE. 213								
PORT ORANGE, FL 32129-6105			PORT ORANGE, FL 32129-6105				1188118118			ALLIN SAITO ESTIN TI	509) III (30)
O Dississifications Alexander No. 00 Day #			2 Mailing Address								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					11 BBKN BYDN BBWN 80 KN 69 K			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-					
			, ,				01032007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Numb	oer		Ar	oplied For
							20-0908316 Not Applicable				
Zip Country			Zip Country			5. Certificate	e of Status Desired		\$5.00 Add		
6. Name and Address of Current R			aciatanad Accart				Fee Required				
	b. Name	and Address of Current F	Name				7. Name and Address of New Registered Agent				
DUPONT,	HEWITT.	.1	The Alle								
1515 HERBERT ST			Street Address			ress (P	P.O. Box Numb	oer is Not Acceptable)		
STE. 213											
PORT OR	ANGE, FL	. 32129									
					City				FI	Zip Cod	ө
										fomiliar with	and accept
 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) DATE											
Eiling Foo in \$50.00								Mak	a abaak i	payable to	
Filing Fee is \$50.00 Due by May 1, 2007										payable to nent of Stat	e
									•		
9.	100-00	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/	CHANGE	3	
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NAME		, HEWITT J		NAM	1						
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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: SIGNATURE AND TYPED OR PRINTER

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-4-07

386.322.2425

Daytime Phone #