## **2007 LIMITED LIABILITY COMPANY**

## FILED **ANNUAL REPORT** Feb 08, 2007 08:00 AM DOCUMENT # L04000023074 **Secretary of State** WE WORK TO PLAY II, LLC Principal Place of Business Mailing Address 223 FRIESIAN WAY 223 FRIESIAN WAY SANFORD, FL 32773 SANFORD, FL 32773 US 02062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0933141 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHERMAN, CHRIS DO NOT WRITE 223 FRIESIAN WAY SANFORD, FL 32773 IN THIS SPACE 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 polisiered agent. SIGNATURE. thure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE HAME SHERMAN, CHRIS U00000627596 STREET ADDRESS 223 FRIESIAN WAY 02/15/07-80069-005 50.00 CITY-ST-ZIP SANFORD, FL 32773 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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 AND PAYED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: