


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90349 009 \*\*\*\*50.00

<b>DOCUMENT # L04000027923</b>	
1. Entity Name <b>DONALD K. MURRY, LLC</b>	

Principal Place of Business <b>13270 GREENSHORE PLACE WELLINGTON, FL 33414 US</b>	Mailing Address <b>13270 GREENSHORE PLACE WELLINGTON, FL 33414 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2298 S.E. Short St.</b>	3. Mailing Address <b>2298 S.E. Short St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St. Lucie, FL</b>	City & State <b>Port St. Lucie, FL</b>
Zip <b>34952</b>	Country <b>US</b>

**60034068**



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0994303</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>MURRY, DONALD K 13270 GREENSHORE PLACE WELLINGTON, FL 33414</b>	7. Name and Address of New Registered Agent Name <b>Murry, Donald</b> Street Address (P.O. Box Number is Not Acceptable) <b>2298 S.E. Short St.</b> City <b>Port St. Lucie</b> FL Zip Code <b>34952</b>
---	--

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 May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MURRY, DONALD K 13270 GREENSHORE PLACE WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>mgrm Murry, Donald 2298 S.E. Short St. Port St. Lucie, FL 34952</b> <input checked="" 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-5-07 772-446-2240**  
Date Daytime Phone #