2007 LIMITED LIABILITY COMPANY

SIGNATURE: CHATTER OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

ANNUAL REPORT				Jan 24, 2007 08:00	
DOCU 1. Entity Nan TINDY, L		351			cretary of Sta
Principal Place 1713 S. LOI TAMPA, FL		Mailing Address 1713 S. LOIS AVE TAMPA, FL 33629			lww solwe wolwe that women comment its saws
E	OO NOT WRITE	IN THIS SPA	CE	01162007 No Chg-LLC 4. FEI Number 20-1120691 5. Certificate of Status Desired	CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current F	egistered Agent		·	=:
DAFT, ROGER A C/O REALWORKS 1602 OAKFIELD DRIVE SUITE 207 BRANDON, FL 33511			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	l ed office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent ar	d tale is applicable. (NOTE, Registere	d Agent signature required	when reinstaving)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBER	S/MANAGERS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAFT, CYNTHIA C 4701 KINROSS CT. VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAVIESA, TANYA 5517 INTERBAY BLVD. TAMPA, FL 33629			U00000060 01/26/07-80	0645 017-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	hat my signature shall have the san	ne legal effect as if	made under oath; that I am a managit	ther certify that the information ng member or manager of the