


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90038 037 ****50.00

DOCUMENT # L04000036468	
1. Entity Name SOULE PROJECTS, LLC	

Principal Place of Business 3425 APPALOOSA DRIVE JACKSON, WY 83001	Mailing Address P.O. BOX 9224 JACKSON, WY 83002
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2. Principal Place of Business - No P.O. Box # 1510 E. DeSoto Street	3. Mailing Address 1510 E. DeSoto Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32501	Country USA
Zip 32501	Country USA

03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1200827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOULE, MARGHERITA J 1057 HARBOURVIEW CIRCLE PENSACOLA, FL 32507

7. Name and Address of New Registered Agent Name Saranne L. Soule Street Address (P.O. Box Number is Not Acceptable) 1510 E. DeSoto Street City Pensacola FL 32501
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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 Saranne L. Soule DATE 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOULE, SARANNE L 3425 APPALOOSA DRIVE JACKSON, WY 83001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Soule, Saranne L 1510 E. DeSoto Street Pensacola, FL 32501 <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
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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: Saranne L. Soule	Date 4/17/07	Daytime Phone # 850-332-7055	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			