

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 009 \*\*\*\*50.00

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04192007 Chg-LLC CR2E083 (12/06)

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|--|--|---|--|
| <b>DOCUMENT # L04000039925</b>   |  |    |  |
| 1. Entity Name<br><b>SUZANNE'S BOOKKEEPING, LLC</b>  |  |   |  |
| Principal Place of Business<br><b>170 MARINER BLVD #157<br/>SPRING HILL, FL 34609</b>  |  | Mailing Address<br><b>170 MARINER BLVD #157<br/>SPRING HILL, FL 34609</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>178 Mariner Blvd. #157</b>  |  | 3. Mailing Address<br><b>178 Mariner Blvd. #157</b>   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State<br><b>Spring Hill FL</b>  |  | City & State<br><b>Spring Hill FL</b>   |  |
| Zip<br><b>34609</b>  | Country<br><b>USA</b>  | Zip<br><b>34609</b>   | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>26-0090221</b>   |  | Applied For<br><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<br><b>ALLEE, P<br/>170 MARINER BLVD #157<br/>SPRING HILL, FL 34609</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Allee P.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>178 Mariner Blvd. #157</b><br>City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</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 <b>P. Allee</b>  |  | DATE <b>4/19/2007</b>   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ALLEE, P.<br>170 MARINER BLVD #157<br>SPRING HILL, FL 34609 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR.<br>Allee P.<br>178 Mariner Blvd #157 Spring Hill, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>P. Allee</b>   |  | Date <b>4/19/2007</b> Daytime Phone # <b>409-5593</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |  |