


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043293						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">07 APR -9 AM 9:41</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name FIRST CLASS CLEANERS LLC				Principal Place of Business 216 MARK CHARLES DR. TALLAHASSEE, FL 32310			
Mailing Address 216 MARK CHARLES DR. TALLAHASSEE, FL 32310				2. Principal Place of Business - No P.O. Box # 3591 Whippoorwillway			
Suite, Apt. #, etc.				3. Mailing Address 3591 Whippoorwillway			
City & State Tall., FL				City & State Tall., FL			
Zip 32310				Country Leon			
4. FEI Number 26-0088110				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  MCDONALD, LOUISE 216 MARK CHARLES DR. TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 3591 Whippoorwillway City Tall., FL Zip Code 32310			
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	MGRM MCDONALD, LOUISE 216 MARK CHARLES DR. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Louise McDonald Change <input type="checkbox"/> Addition 3591 Whippoorwillway MGRM TALL., FL 32310		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, RACHEL <input checked="" type="checkbox"/> Delete 397 GLOVER LANE HAVANA, FL 32333			TITLE NAME STREET ADDRESS CITY-ST-ZIP	JoAnn BARWICK Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 2719 CRICKET Rd. MGRM Tall., FL 32310		
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 800096443218 04/11/07--01016--022 **50.00		
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: <u>Louise McDonald</u>				Date: <u>4-9-07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #			