2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L04000044830

Entity Name: HELLER & BULSON, LLC

Current Principal Place of Business:

7100 131ST STREET
SEMONILE, FL 33776

New Principal Place of Business:

Current Mailing Address:

7100 131ST STREET
SEMONILE, FL 33776

New Mailing Address:

FEI Number: 20-1251448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLER, GARY
7100 131ST STREET
SEMONILE, FL 33776 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HELLER, GARY
Address: 7100 131ST STREET
City-St-Zip: SEMONILE, FL 33776

Title: MGRM ( ) Delete
Name: BULSON, JEFFREY
Address: 7641 66TH STREET NORTH, SUITE B
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BULSON, JEFFREY
Address: 7641 66TH STREET NORTH, SUITE B
City-St-Zip: PINELLAS PARK, FL 33781

Title: SECR ( ) Change (X) Addition
Name: ABBOTT, VIRGINIA D
Address: 7100 131ST STREET
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIRGINIA D ABBOTT SECR 02/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date