


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000047596</b> 1. Entity Name <b>SPACE COAST BULLETS, L.L.C.</b>	
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Principal Place of Business <b>4250 DOW RD. UNIT 307 MELBOURNE, FL 32934 US</b>	Mailing Address <b>4250 DOW RD. UNIT 307 MELBOURNE, FL 32934 US</b>
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**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>75-3159460</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VRANA, RICHARD J  
808 HICKORY ST.  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

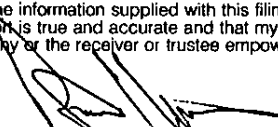
**Filing Fee is \$50.00  
Due by May 1, 2007**

UN00000652739  
03/12/07-80030-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VRANA, RICHARD J 808 HICKORY ST. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDISCH, CALVIN E 5229 JONES RD. ST. CLOUD, FL 34771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **RICHARD J. VRANA** **2-27-07** **321 259 3044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #