2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Aug 10, 2007 08:00 Al Secretary of State

8/6/2007 850-865 OV

DOCU 1. Entity Nam SKINMAN				Secretary of Sta
Principal Plac 1413 RUM S NICEVILLE, F	STILL CIRCLE 14°	ng Address 3 RUM STILL CIRCLE EVILLE, FL 32578 US		·
D	O NOT WRITE IN 6. Name and Address of Current Register		CE	08032007 No Chg-LLC
SKINNER, JOHN L JR 1413 RUM STILL CIRCLE NICEVILLE, FL 32578				DO NOT WRITE IN THIS SPACE
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and title it as		ed office or registero	ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstating) DATE
	ling Fee is \$50.00 by September 14, 2007			
9. TITLE NAME STREET AODRESS CITY-ST-ZIP	MANAGING MEMBERS/MAN MGR SKINNER, JOHN L JR 1413 RUM STILL CIRCLE NICEVILLE, FL 32578	IAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000771865 08/10/07-80004-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited fial	pertify that the information supplied with this filling on this report is true and accurate and that my billity company or the receiver or trustee empower.	g does not qualify for the exe signature shall have the sam dred to execute this report a	emptions contained the legal effect as if a required by Chap	in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608. Florida Statutes.