## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L04000051856 FILED AHEARN & WILLS, LLC Apr 02, 2007 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 2829 VISTA COVE ROAD 2829 VISTA COVE ROAD SAINT AUGUSTINE, FL 32084 US SAINT AUGUSTINE, FL 32084 02082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2475753 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIRAGUSA, MICHAEL A DO NOT WRITE 780 NORTH PONCE DE LEON BOULEVARD SAINT AUGUSTINE, FL 32084 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE AHEARN, THOMAS T NAME 2829 VISTA COVE ROAD STREET ADDRESS CITY - ST - ZIP SAINT AUGUSTINE, FL 32084 iencocumum. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

Daytime Phone #

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

CITY-ST-ZIP

SIGNATURE: