


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90368 041 ****50.00

DOCUMENT # L04000053974

1. Entity Name
ANNE L. HURRELE-KAZEK, LLC



Principal Place of Business Mailing Address
285 PAYNE STREET 26B **285 PAYNE STREET 26B**
DESTIN, FL 32550 **DESTIN, FL 32550**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

HURRELE-KAZEK, ANNE L
285 PAYNE STREET 26B
DESTIN, FL 32550

60038660



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1437428 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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 reconstating) _____ DATE _____

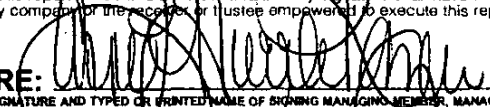
Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	HURRELE-KAZEK, ANNE L	285 PAYNE STREET 26B	DESTIN, FL 32550	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-20-07** **850-585-4519**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #