


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90147 025 *****50.00

| | |
|---------------------------------|---|
| DOCUMENT # L04000056471 |  |
| 1. Entity Name CANUTOPIT LLC | |

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| Principal Place of Business 13195 169 COURT NORTH JUPITER FL 33478 US | Mailing Address 3130 GRAN PKWY STUART FL 34997 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 3130 SE GRAN PKWY | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

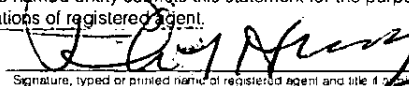
1st MOORE CR2E083 (10/06)

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|---------------------------|-------------------|
| City & State STUART FL | City & State |
| Zip 34997 | Country MARTIN |

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| 4. FEI Number 05-0607003 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HENDERSON, GREGORY 13195 169 COURT NORTH JUPITER FL 33478 |
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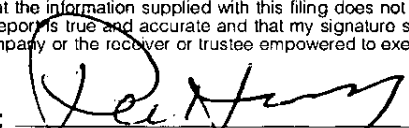
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| 7. Name and Address of New Registered Agent Name PHILIP L. HELLRIEGEL Street Address (P.O. Box Number is Not Acceptable) 3130 SE GRAN PKWY City STUART FL Zip Code 34997 |
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|---|------------------------------|
| 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  | PHILIP L. HELLRIEGEL 2-15-07 |
| (NOTE: Registered Agent signature required when reinstating) | |

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|---|--|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HENDERSON, GREGORY 13195 169 COURT NORTH JUPITER FL 33478 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HELLRIEGEL, PHILIP L 11 CASTLE HILL WAY STUART FL 34996 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 Section 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:  | 2-15-07 772-419-0380 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |