# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 20, 2007**
**Secretary of State**

DOCUMENT# L04000061479

**Entity Name:** DO DROP INN TOO, LLC

**Current Principal Place of Business:**

2053 ACADEMY CT.
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2053 ACADEMY CT.
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

P.O. BOX 3541
HOLIDAY, FL 346920541

**FEI Number: 55-0889963** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALING, GARY L
2053 ACADEMY CT.
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: SALING, GARY L
Address: 2053 ACADEMY CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: CHRISTIE, LOUISE A
Address: 4333 CRESTWOOD BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM ( ) Delete
Name: SALING, CARMELA L
Address: 2053 ACADEMY CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM ( ) Delete
Name: CHRISTIE, RICHARD
Address: 4333 CRESTWOOD BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY SALING MGRM 04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date