


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086834 1. Entity Name CHUCK RUTTEN STEAMASTER, LLC	
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Principal Place of Business P.O. BOX 1274 PALATKA, FL 32178	Mailing Address P.O. BOX 1274 PALATKA, FL 32178
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DO NOT WRITE IN THIS SPACE



04212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1663848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUTTEN, CHARLES
1104 S. MOODY ROAD
PALATKA, FL 32177**

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTTEN, CHARLES 1104 S. MOODY ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, DONNA 1104 S MOODY RD PALATKA, FL 32177
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05/16/07-80041-020 50.00

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.

SIGNATURE: Charles R. Rutten **4-26-07** **386-328-5372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #