


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State


01-17-2007 90019 001 ***100.00

DOCUMENT # L04000091550	
1. Entity Name LAWGISTIX, LLC	

Principal Place of Business 17287 US HIGHWAY 331 S FREEPORT, FL 32459	Mailing Address 17287 US HIGHWAY 331 S FREEPORT, FL 32439
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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

30000042



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2017455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SMITH, CRAIG CEO 10859 EMERALD COAST PARKWAY W, #204-330 DESTIN, FL 32550	

7. Name and Address of New Registered Agent	
Name FORECAST FINANCIAL CORPORATION	
Street Address (P.O. Box Number is Not Acceptable) 10859 EMERALD COAST PKWY W. #204-330	
City DESTIN	Zip Code FL 32550

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.

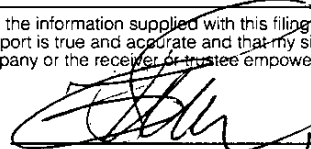
SIGNATURE **FORECAST FINANCIAL CORPORATION** by  DATE **1/12/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when establishing)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORECAST FINANCIAL CORPORATION 10859 EMERALD COAST PARKWAY W, #204-330 DESTIN, FL 32550 <input type="checkbox"/> Delete	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"/> Delete	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 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:  **Craig Smith, CEO** **1/12/07** **850-835-1564**

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