2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000092780

1. Entity Name 497, LLC



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

34 SOUTH HARBOR DRIVE, KEY LARGO, FL 33037

SIMS, JANE W

34 SOUTH HARBOR DRIVE KEY LARGO, FL 33037 Mailing Address

24 DOCKSIDE LANE PMB #41 KEY LARGO, FL 33037



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1246365 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	OATE
FI	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, JANE W 34 SOUTH HARBOR DRIVE KEY LARGO, FL 33037		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		02/20	0000630815 707-80022-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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

11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATION

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