## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000004077

Entity Name
 See BUILDING OWNERS, LLC



Principal Place of Business

3787 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312

Mailing Address

3787 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312

## FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90029 006 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2175973

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SMITH, W. CRIT 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309

## 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_	Signature, typed or printed name of registered agent and title if applicable.	(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	MGRM CHASE, CHARLES D 3787 EAST MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 cath; that I am a managing member or manager of the			

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

that Other

4/26/07

850-591-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dete

Daytime Phone #