2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2007 08:00 AM **DOCUMENT # L05000006533 Secretary of State** DENNIS FAMILY BUILDING, LLC Principal Place of Business Mailing Address 1022 LAND O' LAKES BLVD. 1022 LAND O' LAKES BLVD. LUTZ, FL 33549 LUTZ, FL 33549 CR2E083 (11/05) 01252007 No Chg-LLC Applied For 4. FEI Number 20-2232729 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DENNIS, ROBERT E 的观众事的 心痛机气液 1022 LAND O' LAKES BLVD. LUTZ, FL 33549 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. 2-20-87 SIGNATURE (NOTE: Recurrent Ament moneture remured when remetations) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE DENNIS, ROBERT E NAME STREET ADDRESS 1022 LAND O'LAKES BLVD. U00000650390 03/08/07-80011-021 50.00 LUTZ, FL 33549 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 明清 智能 医意识性 电影 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EXCHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MED ER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

2-20-07

Daytime Phone #