


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90034 027 \*\*\*\*50.00


<b>DOCUMENT # L05000007552</b>	
1. Entity Name SR 56 LLC	

Principal Place of Business 107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759	Mailing Address 107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759
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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

**60035789**



01262007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  SCHERER, JOHN 107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759	<b>7. Name and Address of New Registered Agent</b> Name <u>Brad Hines</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Second Avenue South</u> <u>Suite 301 N</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33701</u>
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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] (NOTE: Registered Agent signature required when reinstating) DATE 4/10/07

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHERER, JOHN 107 HAMPTON ROAD SUITE 190 CLEARWATER, FL 33759 <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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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

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:** [Signature] 4/10/07 Date Daytime Phone #