

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007622

Entity Name: WILDFIRE, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

6106 JASMINE VINE DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

182 COLEMAN ST
EDGEWATER, FL 32141

Current Mailing Address:

6106 JASMINE VINE DRIVE
PORT ORANGE, FL 32128

New Mailing Address:

182 COLEMAN STREET
EDGEWATER, FL 32141

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, KENYON
6106 JASMINE VINE DRIVE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

LANGFORD, KENYON
182 COLEMAN ST
EDGEWATER, FL 32141 US

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.

SIGNATURE: KENYON LANGFORD

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANGFORD, KENYON
Address: 6106 JASMINE VINE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: NOBLE, SARAH
Address: 182 COLEMAN ST
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANGFORD, KENYON
Address: 182 COLEMAN ST
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM (X) Change () Addition
Name: LANGFORD, SARAH N
Address: 182 COLEMAN ST
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENYON LANGFORD

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date