2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# L05000008909

Entity Name: INLET 702 LLC

Current Principal Place of Business:

257 MINORCA BEACH WAY
UNIT #702
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

253 MINORCA BEACH WAY
A302
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 20-4453307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYDE, CARL D
253 MINORCA BEACH WAY
A 302
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HYDE, CARL D
Address: 253 MINORCA BEACH WAY A302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM ( ) Delete
Name: HYDE, BETTY W
Address: 685 OLD ALPHARETTA RD.
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete
Name: HYDE, CONSTANCE S
Address: 253 MINORCA BEACH WAY A302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL D HYDE MR 03/26/2007

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