2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# L05000013522

Entity Name: PUBLIC ENTITIES OF AMERICA, LLC

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-2311187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 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:	PRES	( ) Delete
Name:	POWELL, DEL	
Address:	2839 PACES FERRY RD STE 1200	
City-St-Zip:	ATLANTA, GA 30339	
Title:	VP	( ) Delete
Name:	YOUNG, WILLIAM	
Address:	2839 PACES FERRY RD STE 1200	
City-St-Zip:	ATLANTA, GA 30339	
Title:	CEO	( ) Delete
Name:	JOHN K. RITENOUR,	
Address:	1855 SR 434	
City-St-Zip:	LONGWOOD, FL 32750	

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: JOHN K. RITENOUR CEO 02/13/2007

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