2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

				
DOCU	MENT # L05000013	3567		Example I I Grown Dank
1. Entity Nam				
			100 11 111	2007 MAY 17 PM 1: 34
Principal Place of Business 20 SE 16TH AVE.		Mailing Address 20 SE 16TH AVE.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
OCALA, FL 3	4471	OCALA, FL 34471		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u></u>	I 1921/21/ 41/ 46/6/ 21KI 20KI 20KI 20KI 20KI 20KI 20KI 1000 KIS 20KI 20KI 20KI 20KI
<u> </u>				04302007 Chg-LLC CR2E083 (12/06)
City & Stat	e	City & State		4. FEI Number 20- 2316198 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
PANDO M	MCHAFL J		Name	
PANDO, MICHAEL J 20 SE 16TH AVE. OCALA, FL 34471			Street Addres	ss (P.O. Box Number is Not Acceptable)
OCALA, FI	L 34471			
			City	FL Zip Code
	named entity submits this statement floors of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if professible (NOT	E Registered Agent signature req	uired when reinslating) DATE
	Signature, typed or printed riams of registered ager	arandinie ir applicable. (NO1)	E negisiereu Agent algriatore regi	ured with rans(g(ing)
	lling Fee is \$50.00 ue by May 1, 2007			Make check payable to Florida Department of State
		IERS/MANAGERS	10.	, · · · · · · · · · · · · · · · · · · ·
9. TITLE	we by May 1, 2007 MANAGING MEMB	IERS/MANAGERS	TITLE	Florida Department of State
9.	ue by May 1, 2007 MANAGING MEME			Florida Department of State ADDITIONS/CHANGES Change Additio
9. TITLE NAME STHEET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR PANDO, MICHAEL J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES Change
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11. I hereby certify that the information supplied with this Itling 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.

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