


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000017712**

1. Entity Name  
FRANK WILLIAM DE JOSE L.L.C.



Principal Place of Business  
4146 YSIDRO WAY  
ROCKLEDGE, FL 32955

Mailing Address  
4146 YSIDRO WAY  
ROCKLEDGE, FL 32955

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 25-1909065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM DE JOSE, FRANK  
4146 YSIDRO WAY  
ROCKLEDGE, FL 32955

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAM DE JOSE, FRANK 4146 YSIDRO WAY ROCKLEDGE, FL 32955
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03/23/07-80053-006 50.00

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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: Frank William De Jose      3/12/07      321 403-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #