## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 28, 2007 8:00 am Secretary of State

## 02-28-2007 90150 022 \*\*\*\*50.00 DOCUMENT # L05000018055 DAVID J BACHMAN LLC 60019879 Principal Place of Business Mailing Address **6844 GLEN MEADOW DRIVE** 6844 GLEN MEADOW DRIVE LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-0432775 20 2374562 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BACHMAN, DAVID J 6844 GLEN MEADOW DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33810 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Change Addition TITLE BACHMAN, DAVID J NAME NAME 6844 GLEN MEADOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND, FL 33810 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-RIP CITY-ST-ZIP Addition ☐ Delete ☐ Chance TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: Day Balom 2-26-67
SIGNATURE TO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS DOYLING PROPOS P