

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000019407

1. Entity Name
SR 100, LLC



Principal Place of Business
600 PACKARD COURT
SAFETY HARBOR, FL 34695

Mailing Address
600 PACKARD COURT
SAFETY HARBOR, FL 34695

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PYLE, MICHAEL A
1655 N. CLYDE MORRIS BOULEVARD, STE. 1
DAYTONA BEACH, FL 32117

Name

W. R. Jacobsen

Street Address (P.O. Box Number is Not Acceptable)

600 Packard Court

City Safety Harbor

FL

Zip Code 34695

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 reinstating)

2-2-07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

| | | | | | |
|----------------|-------------------------|---------------------------------|----------------|-------------------------|--|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROUABLO, W.R. JACOBSON | | NAME | W.R. Jacobsen | |
| STREET ADDRESS | 600 PACKARD CT | | STREET ADDRESS | 600 Packard Ct | |
| CITY-ST-ZIP | SAFETY HARBOR, FL 34695 | | CITY-ST-ZIP | Safety Harbor, FL 34695 | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOUGHTON, SID | | NAME | | |
| STREET ADDRESS | 2303 OXFORD CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAFETY HARBOR, FL 34695 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-2-07 7277261136

Date

Daytime Phone #