


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90180 041 ****55.00

DOCUMENT # L05000027327	
1. Entity Name AROUND THE HOUSE TOO, L.L.C.	

Principal Place of Business 715 EAST 2ND AVENUE, UNIT #8 NEW SMYRNA BEACH, FL 32169	Mailing Address 715 EAST 2ND AVENUE, UNIT #8 NEW SMYRNA BEACH, FL 32169
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2. Principal Place of Business - No P.O. Box # 1718 Persimmon Circle	3. Mailing Address 1718 Persimmon Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Edgewater FL	City & State Edgewater FL
Zip 32132	Zip 32132
Country	Country



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 27-0117841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAPELLE, STEVEN R 715 EAST 2ND AVENUE, UNIT #8 NEW SMYRNA BEACH, FL 32169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1718 Persimmon Circle City Edgewater FL Zip Code 32132
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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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPELLE, STEVEN R 715 EAST 2ND AVENUE, UNIT #8 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven R. Capelle St. R. Capelle 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #