2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# L05000028296

Entity Name: FOLLOVER LLC

Current Principal Place of Business:

360 TANGERINE AVENUE
MERRITT ISLAND, FL 32954

New Principal Place of Business:

360 TANGERINE AVENUE
MERRITT ISLAND, FL 32953

Current Mailing Address:

P.O. BOX 541425
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 20-2593696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVER, GARY
360 TANGERINE AVENUE
MERRITT ISLAND, FL 32954 US

Name and Address of New Registered Agent:

DOVER, GARY
360 TANGERINE AVENUE
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: _____ 01/12/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DOVER, GARY
Address: 4750 PAWNEE TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete
Name: FOLLWEILER, OLIVER W III
Address: 30 YAWL DRIVE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY DOVER, CPA MM 01/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date