


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90039 002 ****55.00

DOCUMENT # L05000033566 1. Entity Name EASY HOMES 123, LLC					
Principal Place of Business 921 E PARKER ST SUITE 2 LAKELAND, FL 33801			Mailing Address 3616 HAVDEN BLVD. #176 LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 1927 S. Florida Ave		3. Mailing Address 5337 N Socrum loop #338			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lakeland, Florida		City & State Lakeland FL		4. FEI Number 20-2882250	
Zip 33803		Country POIK		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNING, LYNN E 3616 HAVDEN BLVD. #176 LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Lynn Browning Street Address (P.O. Box Number is Not Acceptable) 5337 N Socrum loop #338 City Lakeland, FL Zip Code 33809		
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 St S. Mitchell (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, STEVE S 5337 SOCRUM LOOP, #338 LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWNING, LYNN E 5337 SOCRUM LOOP, #338 LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: St S. Mitchell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____				Daytime Phone # _____	