


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000036966</b> 1. Entity Name 3629 WEST ISB, LLC	
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Principal Place of Business 15 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174	Mailing Address 15 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174
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07032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2687914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TUMBLESON, J. DOYLE 150 S. PALMETTO AVE. SUITE A DAYTONA BEACH, FL 32114
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMMARO, SALVATORE M 15 LAUREL RIDGE BREAK ORNOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL PIZZO, CARLO SR. 1579 ROUTE 9 TOMS RIVER, NJ 08775
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<p>U000000767342 07/06/07-80010-019 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 deliverer, trustee, employee, or to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**     
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #