

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038842

FILED
Apr 25, 2007
Secretary of State

Entity Name: SAVANNAH ENTERPRISES, LLC

Current Principal Place of Business:

10550 PLANTATION BAY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

1602 E. ALSOBROOK ST
PLANT CITY, FL 33563

Current Mailing Address:

10550 PLANTATION BAY DRIVE
TAMPA, FL 33647

New Mailing Address:

8476 DUNHAM STATION DR
TAMPA, FL 33647

FEI Number: 20-2707152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SPRADLING, LISA M PRESIDE
Address: 10550 PLANTATION BAY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: PARRISH, THOMAS R VP
Address: 10550 PLANTATION BAY DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SPRADLING, LISA M PRESIDE
Address: 8476 DUNHAM STATION DR
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: PARRISH, THOMAS R VP
Address: 8476 DUNHAM STATION DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: LISA SPRADLING

P

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date