2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044296

Entity Name: TRADESMEN SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
322 SW CANTALOUPE AVENUE LAKE CITY, FL 32024	

Current Mailing Address:	**New Mailing Address:**
322 SW CANTALOUPE AVENUE LAKE CITY, FL 32024	

FEI Number: 03-0560557   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COOPER, DIANNA L 322 SW CANTALOUPE AVENUE LAKE CITY, FL 32024 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: _____

      Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: COOPER, MITCHELL W MGRM Address: 322 SW CANTALOUPE AVENUE City-St-Zip: LAKE CITY, FL 32024	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: COOPER, DIANNA L MGRM Address: 322 SW CANTALOUPE AVENUE City-St-Zip: LAKE CITY, FL 32024	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: TURNER, COREY A MGRM Address: 304 SW CURTAIN LANE City-St-Zip: FORT WHITE, FL 32038	Title: MGRM (X) Change ( ) Addition Name: TAYLOR JR., ROBERT E MGRM Address: 175 S.E. KLONDIKE PLACE City-St-Zip: LAKE CITY, FL 32025

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: DIANNA L. COOPER   MGRM   01/18/2007

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