

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051757

FILED
Jun 13, 2007
Secretary of State

Entity Name: EXCEPTING SOLUTION LLC

Current Principal Place of Business:

691 ASHFORD OAKS DR
103
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

691 ASHFORD OAKS DR
103
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

705 ASHFORD OAKS DR
204
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 33-1120485 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETITHOMME, JOAS
691 ASHFORD OAKS DR
103
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PETITHOMME, JOAS
705 ASHFORD OAKS DR
204
ALTAMONTE SPRINGS, FL 32714 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: JOAS PETITHOMME

06/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETITHOMME, JOAS
Address: 691 ASHFORD OAKS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETITHOMME, JOAS
Address: 705 ASHFORD OAKS DR APT 204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: JOAS PETITHOMME

MGRM

06/13/2007

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