


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90253 021 ****50.00

DOCUMENT # L05000065432	
1. Entity Name JOSHUA R. BIRDWELL, LLC	

Principal Place of Business 1901 INDIAN RIVER BLVD UNIT E210 VERO BEACH FL 32960	Mailing Address PO BOX 651282 VERO BEACH FL 32966
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2. Principal Place of Business - No P.O. Box # 155 SOUTH COURT AVE Suite, Apt. #, etc. UNIT 2204	3. Mailing Address PO BOX 3733 Suite, Apt. #, etc.
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801	Country USA
Zip 32802	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3118329		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BIRDWELL, JOSHUA R 1901 INDIAN RIVER BLVD UNIT E210 VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name DIANE MEEKS Street Address (P.O. Box Number is Not Acceptable) 1335 33rd AVE SW City VERO BEACH FL Zip Code 32968

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  **DIANE MEEKS** 3/23/07
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when transferring) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIRDWELL, JOSHUA R 1901 INDIAN RIVER BLVD UNIT E210 VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 SOUTH COURT AVE UNIT 2204 ORLANDO FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JOSHUA R BIRDWELL, PRESIDENT** 3/23/07 772-633-2962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #