

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075260

FILED
Mar 13, 2007
Secretary of State

Entity Name: UDDERLY PURPLE OF FLORIDA, LLC

Current Principal Place of Business:

7503 N FLORIDA AVE
CITRUS SPRINGS, FL 34451 US

New Principal Place of Business:

575 JORDAN ROAD
LEESBURG, GA 31763 US

Current Mailing Address:

5981 W. OVERLAND
BOISE, ID 83709 US

New Mailing Address:

P.O. BOX 466
VANCOUVER, WA 98666 US

FEI Number: 20-3368475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, WILLIAM
217 N. GOLF HARBOR PATH
INVERNESS, FL 34450 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: MGRM () Delete
Name: MALONE, WILLIAM
Address: 217 N. GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 US

Title: MGRM () Delete
Name: HICKOK, DAVID
Address: 1105 PLAIN VIEW DR.
City-St-Zip: TWIN FALLS, ID 83301 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HICKOK, DAVID
Address: 1678 W. WILDFLOWER LANE
City-St-Zip: TWIN FALLS, ID 83301 US

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: WILLIAM MALONE

MGRM

03/13/2007

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