2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# L05000076950

Entity Name: VINCENT J. TRELTAS LLC

Current Principal Place of Business:

127 TICKIE RIDGE CIRCLE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

127 TICKIE RIDGE CIRCLE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 33-1122377 **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:

TRELTAS, VINCENT J
127 TICKIE RIDGE CIRCLE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 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: DEVIN NEWMAN ASST. SECRETARY 05/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	TRELTAS, VINCENT J	
Address:	127 TICKIE RIDGE CIRCLE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	DYE, BART	
Address:	86 COUNTRY WAY	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	TRELTAS, VINCENT J II	
Address:	127 TICKIE RIDGE CIRCLE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	TRIMBLE, DALE	
Address:	431 WAKULLA SPRING RD.	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	DORHOUT, CHRIS	
Address:	461 WAKULLA SPRING RD.	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	MGRM	( ) Delete
Name:	CHESTER, DENNIS	
Address:	1148 ROWINKLE ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32324	

ADDITIONS/CHANGES:

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

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: VINCENT TRELTAS MGRM 05/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date