
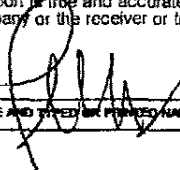


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000080751																																		
1. Entity Name MEADOWS & SHOEMAKER, ATTORNEYS-AT-LAW, LLC																																		
Principal Place of Business 403 NORTH CALHOUN STREET TALLAHASSEE, FL 32301		Mailing Address 403 NORTH CALHOUN STREET TALLAHASSEE, FL 32301																																
<p>WRITE IN THIS SPACE</p>																																		
6. Name and Address of Current Registered Agent		<p>MEADOWS, LEE 403 NORTH CALHOUN STREET TALLAHASSEE, FL 32301</p>																																
<p>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.</p>																																		
<p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </p>																																		
<p>Filing Fee is \$50.00 Due by May 1, 2007</p>																																		
<p>9. MANAGING MEMBERS/MANAGERS</p> <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>MEADOWS, LEE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>403 NORTH CALHOUN STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32301</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D	NAME	MEADOWS, LEE	STREET ADDRESS	403 NORTH CALHOUN STREET	CITY-ST-ZIP	TALLAHASSEE, FL 32301	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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<p>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</p>																																		
SIGNATURE: 		<p>1/22/07 850 224 8873</p>																																



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-2311303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

000000611559
02/02/07-80067-015 50.00