2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# L05000082597

Entity Name: CODY & AMANDA L.L.C.

Current Principal Place of Business:

645 E. THRASHER DR.
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 852
BRONSON, FL 32621

New Mailing Address:

FEI Number: 47-0960311 **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:

OWENS, AMANDA
645 E. THRASHER DR.
BRONSON, FL 32621 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: MGR ( ) Delete
Name: CRAIG, CODY
Address: 15291 NE 49TH LANE
City-St-Zip: WILLISTON, FL 32696

Title: MGR ( ) Delete
Name: OWENS, AMANDA
Address: P.O. BOX 852
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES:

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: AMANDA OWENS MS 05/24/2007

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