2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L05000082669

Entity Name: INLET SECURITIES, LLC

Current Principal Place of Business:

1803 N PENINSULA AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

233 NORTH CAUSEWAY
B
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

1803 N PENINSULA AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

233 NORTH CAUSEWAY
B
NEW SMYRNA BEACH, FL 32169

FEI Number: 27-0125668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILDAY, JESSICA
1803 NORTH PENINSULA AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

GILDAY, JESSICA
233 NORTH CAUSEWAY
B
NEW SMYRNA BEACH, FL 32169 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: _____ 04/17/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GILDAY, JESSICA
Address: 1803 N PENINSULA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM ( ) Delete
Name: GILDAY, FRANK
Address: 1803 N PENINSULA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 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: JESSICA GILDAY MGRM 04/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date