

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 MAY 10 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
84-1690728

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

COOK, JOHN C  
170 CONRAD HILLS ROAD  
HAVANA, FL 32333

Name John C Cook  
Street Address (P.O. Box Number is Not Acceptable)  
4069 Stoneler Place Ct.  
Tallahassee  
City FL Zip Code 32303

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

BK

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME COOK, JOHN  
STREET ADDRESS 164 FOX RUN CIR.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE MGRM  
NAME Cook, John  
STREET ADDRESS 4069 Stoneler Place Ct.  
CITY-ST-ZIP Tallahassee FL 32303

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STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/10/07

519-5766