

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089896

Entity Name: KAREN MCCULLOUGH, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

1750 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

1729 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

1750 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

**New Mailing Address:**

1729 WEST SANDERLING LANE  
FORT PIERCE, FL 34982

FEI Number: 20-3454460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

C K PACKWOOD INC  
2400 S OCEAN DR  
5338  
FORT PIERCE, FL 34949 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: KAREN MCCULLOUGH

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCCULLOUGH, KAREN  
Address: 1750 WEST SANDERLING LANE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCULLOUGH, KAREN  
Address: 1729 WEST SANDERLING LANE  
City-St-Zip: FORT PIERCE, FL 34982

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: KAREN MCCULLOUGH

MGR

04/25/2007

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