


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90036 014 \*\*\*\*50.00

DOCUMENT # L05000091161

1. Entity Name  
 CITY LINE, LLC



Principal Place of Business  
 3936 W. NEWBERRY RD  
 GAINESVILLE, FL 32607 US

Mailing Address  
 P.O. BOX 1045  
 GAINESVILLE, FL 32602 US

20000361

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3485233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMOND, GARY R  
 5922 S.W. 35TH WAY  
 GAINESVILLE, FL 32608

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMOND, GARY R P.O. BOX 1045 GAINESVILLE, FL 326021045
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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:  1-4-07 352-376-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #