


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000092075 1. Entity Name FRIENDS, LLC	
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Principal Place of Business 3296 TWILIGHT LANE, UNIT 6203 NAPLES, FL 34109	Mailing Address 784 GRACE DRIVE FLORENCE, KY 41042
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**DO NOT WRITE IN THIS SPACE**



08022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0156463	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

BLACK, KEVIN  
16064 PARQUE LANE  
NAPLES, FL 34110

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

U000009772437  
08/20/07-800003-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTON, CHARLES R 3296 TWILIGHT LANE, UNIT 6203 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTON, LAURIE 3296 TWILIGHT LANE, UNIT 6203 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTON, JOSHUA 784 GRACE DRIVE FLORENCE, KY 41042
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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: Charles R Walton Charles R. Walton 8-6-07 859-282-2610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #