


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90312 036 ****50.00

| | |
|--------------------------------|---|
| DOCUMENT # L05000092762 |  |
|--------------------------------|---|

1. Entity Name
SHOWCASE INVESTMENT AND DEVELOPMENT LLC

| | |
|---|---|
| Principal Place of Business 9409 WINDAM WAY TALLAHASSEE, FL 32312 | Mailing Address 9409 WINDAM WAY TALLAHASSEE, FL 32312 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip Country | Zip Country |



05012007 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 04-3827501 | Applied For <input type="checkbox"/> 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 |
| SMITH, SEWARD A SR 9409 WINDAM WAY TALLAHASSEE, FL 32312 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

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**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, SEWARD A 9409 WINDAM WAY TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, ROSE-ANNA T 9409 WINDAM WAY TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Rose-Anna Smith

5/1/07

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

Date

Daytime Phone #