


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-09-2007 90027 014 \*\*\*\*55.00

DOCUMENT # L05000093827					
<b>1. Entity Name</b> BRANDON H. HELTON LLC					
<b>Principal Place of Business</b> 87 TAFFLINGER RD66 CRAWFORDVILLE, FL 32327			<b>Mailing Address</b> P.O. BOX 717 ST. MARKS, FL 32355		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 87 Tafflinger Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Crawfordville, Florida			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 32327	<b>Country</b>	<b>4. FEI Number</b> 51-0564228	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCKAYE, MORGAN 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <i>Morgan McKaye</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			DATE <i>5-7-2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM HELTON, BRANDON 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>5/7/07</i> Daytime Phone # <i>888-694-2681</i>		

# ATTACHMENT 60050087

5/01/07 CORPORATE DETAIL RECORD SCREEN  
NUM: L05000093827 ST. FL ACTIVE/FL LIM LIAB FLD: 09/23/2005  
TOTAL CONTR: 0.00 FEI#: 51-0564228

9:49 AM

NAME : BRANDON H. HELTON LLC  
PRINCIPAL: 87 TAFFLINGER RD66  
ADDRESS CRAWFORDVILLE, FL 32327  
MAILING : P.O. BOX 717  
ADDRESS ST. MARKS, FL 32355  
RA NAME : MCKAYE, MORGAN  
RA ADDR : 87 TAFFLINGER RD  
CRAWFORDVILLE, FL 32327 US  
ANN REP :

CHANGED: 03/09/06

NAME CHG: 03/09/06

ADDR CHG: 03/09/06

(2006) A 03/09/06

1. MENU, 3. MGR/MEM-

ENTER SELECTION AND CR: