


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

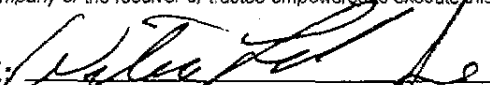
DOCUMENT # L05000095808 1. Entity Name THE TRADESMEN LLC		
Principal Place of Business 4249 ROYAL MANOR BLVD. BOYNTON BEACH FL 33436		Mailing Address 4249 ROYAL MANOR BLVD. BOYNTON BEACH FL 33436
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.	
City & State		City & State
Zip	Country	4. FEI Number 84-1692348
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FRANK, WILLIAM E JR. 4249 ROYAL MANOR BLVD. BOYNTON BEACH FL 33436		7. Name and Address of New Registered Agent 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 _____		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		



1st MOORE CR2E083 (10/06)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	FRANK, WILLIAM E JR.	NAME	
STREET ADDRESS	4249 ROYAL MANOR BLVD.	STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33436	CITY ST ZIP	
			1000000617103 02/07/07-80058-02350000 <input type="checkbox"/> Address
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-27-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #