2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L050000985241. Entity Name

FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

3020, LC

Malling Address

3020 ASHLAND TERRACE CLEARWATER, FL 33761

SIGNATURE:

3020 ASHLAND TERRACE CLEARWATER, FL 33761



03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3767432 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

-4-07

 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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signeture required when reinstating)	OATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENDRA, JEAN A 3020 ASHLAND TERR CLEARWATER, FL 33761		U00000695105 04/17/07-80046-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORKMAN, JAMES J 3020 ASHLAND TERR CLEARWATER, FL 33761		3 11 17 37 305 10 OEE 30,00
TITLE RAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INT	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fforida 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 eath; 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.