2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000100502

1. Entity Name
MELINDA MAGUIRE & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
160 W EVERGREEN AVE SUITE 271 LONGWOOD, FL 32750	160 W EVERGREEN AVE SUITE 271 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3773585
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGUIRE, MELINDA A
160 W EVERGREEN AVE SUITE 271
LONGWOOD, FL 32750

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MAGUIRE, MELINDA A
STREET ADDRESS	160 W EVERGREEN AVE., SUITE 271
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	MGR
NAME	ATKINS, TIM H
STREET ADDRESS	160 W EVERGREEN AVE., SUITE 271
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Melinda A Maguire 1/4/07 407-767-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MELINDA A. MAGUIRE