



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90147 010 \*\*\*\*50.00

<b>DOCUMENT # L05000110685</b> 1. Entity Name <b>BUSH WHACKERS, LLC</b>					
Principal Place of Business <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362 US</b>			Mailing Address <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7280 Coastal Hwy</b> Suite, Apt. #, etc. <b>No Mail Box @ address</b>		3. Mailing Address <b>P.O. Box 98</b> Suite, Apt. #, etc.			
City & State <b>Crawfordville</b>		City & State <b>St. Marks</b>		4. FEI Number <b>20-3804000</b>	
Zip <b>32327</b>		Country <b>Wakulla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>1111 LINCOLN RD</b> <b>SUITE 400</b> <b>MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HOPE, DALE</b> <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 98</b> <b>St. Marks, Fl 32355</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HOPE, JOYCE</b> <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 98</b> <b>St. Marks, Fl 32355</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HOPE, LESLIE</b> <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 98</b> <b>St. Marks, Fl 32355</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HOPE, VERNON</b> <b>PO BOX 1431</b> <b>WOODVILLE, FL 32362</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 98</b> <b>St. Marks, Fl 32355</b>	
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	
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	
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:</b> 			<b>1-11-07 850-210-7300</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		