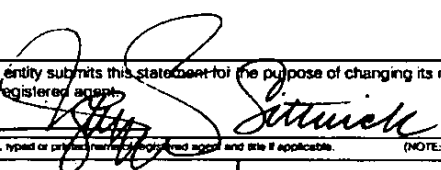


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-16-2007 90151 044 ****50.00

DOCUMENT # L05000113135 1. Entity Name MARY NGUYEN LLC					
Principal Place of Business 100 HOLLYBERRY BRANCH LANE DAYTONA BEACH, FL 32124 US			Mailing Address P. O. BOX 6423 DELTONA, FL 32738		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 104 Mableberry Court Suite, Apt. #, etc.			
City & State		City & State Daytona Beach, FL		4. FEI Number 203847542	
Zip 32124-3684	Country US	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NGUYEN, MARY 1650 TEMPLEWOOD AVE DELTONA, FL 32725			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  DATE 03/07/07 (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, MARY P. O. BOX 6423 DELTONA, FL 32728	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mary Nguyen Sittnick 104 Mableberry Court Daytona Beach, FL 32124-3684	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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.					
SIGNATURE: 		DATE 03/07/07 (407) 474-2461			