

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118260

Entity Name: JOEL D. ALCORN, LLC

FILED  
Mar 04, 2007  
Secretary of State

**Current Principal Place of Business:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

**Current Mailing Address:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

FEI Number: 13-4316629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALCORN, SKIP  
510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

ALCORN, SKIP  
510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

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.

SIGNATURE:

03/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: ALCORN, JOEL D PRES  
Address: 510 BAY CIRCLE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 329374039 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL D. ALCORN

PRES

03/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date