


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000118745</b> 1. Entity Name <b>BACK ROAD LLC</b>	
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Principal Place of Business <b>4507 SLEEPY HOLLOW LN PLANT CITY, FL 33565 US</b>	Mailing Address <b>4507 SLEEPY HOLLOW LN PLANT CITY, FL 33565 US</b>
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**DO NOT WRITE IN THIS SPACE**



04122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>76-0809691</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FULTZ, TIMMIE  
4507 SLEEPY HOLLOW LN  
PLANT CITY, FL 33565**

**DO NOT WRITE  
IN THIS SPACE**

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: *Timmie Fultz* (NOTE: Registered Agent signature required when reinstating) DATE: 4/12/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULTZ, TIMMIE 4507 SLEEPY HOLLOW LN PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULTZ, JANISE 4507 SLEEPY HOLLOW LN PLANT CITY, FL 33565
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U00000709492  
04/25/07-80005-010 50.00

**DO NOT WRITE  
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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: *Timmie Fultz* (Timmie Fultz) DATE: 4/12/07 DAYTIME PHONE #: 813-655-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE