

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 DEC 11 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORP SERVICES, INC.
17888 67TH CT NORTH
LOXAHATCHEE, FL 33470

Name Same
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, HERMAN G JR	
STREET ADDRESS	2002 1ST STREET S.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CONEY, MELANIE T	
STREET ADDRESS	2526 67TH AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARDWICK, MONICA	
STREET ADDRESS	510 3RD STREET NORTH APT #4	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tederick Young	
STREET ADDRESS	5301 3rd Ave So. St. Petersburg, FL 33707	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Monica D. Hardwick, Member

11-14-07

Date

727-565-5599

Daytime Phone #