

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 AUG 23 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000003597



1. Entity Name
317 WHITAKER ROAD, LLC

Principal Place of Business
18310 SUNSET BLVD.
REDINGTON SHORES, FL 33708

Mailing Address
18310 SUNSET BLVD.
REDINGTON SHORES, FL 33708

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRONSTEIN, JOEL D
150 2ND AVE. NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

Name **BRENDAN NORTON**

Street Address (P.O. Box Number is Not Acceptable)
6020 WADELY ROAD

City **WEEKS WACHEE**

FL **34607**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	Managing Member <input type="checkbox"/> Delete
NAME	Christine J. Norton
STREET ADDRESS	18310 Sunset Blvd.
CITY-ST-ZIP	Redington Shores, FL 33708
TITLE	Managing Member <input type="checkbox"/> Delete
NAME	Brendan J. Norton
STREET ADDRESS	18310 Sunset Blvd.
CITY-ST-ZIP	Redington Shores, FL 33708
TITLE	Managing Member <input type="checkbox"/> Delete
NAME	Fergus F. Norton
STREET ADDRESS	18310 Sunset Blvd.
CITY-ST-ZIP	Redington Shores, FL 33708

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800108708248
CITY-ST-ZIP	08/28/07--01038--002 **50.00
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

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

Date

Daytime Phone #