


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90034 011 \*\*\*\*50.00

<b>DOCUMENT # L06000007782</b>	
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<b>1. Entity Name</b> CISCO SPECIALIZED, LLC	<b>Principal Place of Business</b> 1268 HILLSIDE DRIVE TARPON SPRINGS, FL 34689	<b>Mailing Address</b> 1268 HILLSIDE DRIVE TARPON SPRINGS, FL 34689 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 1553 SAVANNAH AVE	<b>3. Mailing Address</b> 1553 SAVANNAH AVE
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<b>City &amp; State</b> TARPON SPRINGS FL	<b>City &amp; State</b> TARPON SPRINGS FL
<b>Zip</b> 34689	<b>Zip</b> 34689
<b>Country</b> USA	<b>Country</b> USA



01192007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-4156999	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CASE, HENRY B 1268 HILLSIDE DRIVE TARPON SPRINGS, FL 34689	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASE, HENRY B 1268 HILLSIDE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.**

<b>SIGNATURE:</b> 	<b>HENRY B. CASE</b>	<b>01.24.07</b>	<b>727-938-5511</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		<b>Date</b>	<b>Daytime Phone #</b>