2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009048

Entity Name: INNER CIRCLE, LLC

FILED Apr 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6840 PARK BLVD

PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

6840 PARK BLVD

PINELLAS PARK, FL 33781 US

FEI Number: 26-0134710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLEN, JAMES K 8371 56TH STREET NORTH PINELLAS PARK, FL 33781 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ALLEN, JAMES K
 Name:

 Address:
 8371 56TH STREET NORTH
 Address:

 City-St-Zip:
 PINELLAS PARK, FL 33781 US
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: EVANS, JASON A Name: CRUMP, ADAM

Address: 1355 JEFFORDS STREET Address: 1200 37TH STREET NORTH UNIT#105
City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 FUNK, RICHARD T
 Name:
 GULOTTA, CHARLES

 Address:
 2208 LINDA LANE
 Address:
 1003 MACRAE AVENUE

 City-St-Zip:
 LUTZ, FL 33558 US
 City-St-Zip:
 CLEARWATER, FL 33755 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GIBSON, JOSHUA S
 Name:

 Address:
 239 ANDREA DRIVE
 Address:

 City-St-Zip:
 LARGO, FL 33770 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 SHEPARDSON, WILLIAM R
 Name:

 Address:
 150 NE MONROE CIRCLE N
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33702 US
 City-St-Zip:

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: JAMES KAI ALLEN MGMR 04/08/2007