

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90217 029 \*\*\*\*55.00

<b>DOCUMENT # L06000009799</b>					
<b>1. Entity Name</b> SCOTT LE BEL, LLC					
<b>Principal Place of Business</b> 4126 NELSON AVENUE SARASOTA, FL 34232			<b>Mailing Address</b> 4126 NELSON AVENUE SARASOTA, FL 34232		
<b>2. Principal Place of Business - No P.O. Box #</b> 706 N. Jefferson Ave		<b>3. Mailing Address</b> 706 N. Jefferson Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Sarasota, FL		<b>City &amp; State</b> Sarasota, FL		<b>4. FEI Number</b> 20-4134358	
<b>Zip</b> 34237		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROBERTS, DON E 3212 SOUTH GATE CIRCLE SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when renaming) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> Managing Member	<b>NAME</b> Scott LeBel		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 706 N. Jefferson Ave.	<b>CITY-ST-ZIP</b> Sarasota, FL 34237		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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>					
<b>SIGNATURE:</b> <u>Scott LeBel</u> <span style="float: right;"><u>4/10/07</u></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					