


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 034 ****55.00

DOCUMENT # L06000014094					
1. Entity Name PREPARING THE WAY, LLC					
Principal Place of Business 2008 PINE ST. ST. CLOUD, FL 34769 US			Mailing Address 2008 PINE ST. ST. CLOUD, FL 34769 US		
2. Principal Place of Business - No P.O. Box # 4003 Chippewa Ct. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4003 Chippewa Ct. <small>Suite, Apt. #, etc.</small>			
City & State St. Cloud, FL <small>Zip</small> 34772 <small>Country</small>		City & State St. Cloud, FL <small>Zip</small> 34772 <small>Country</small>		4. FEI Number 56-2557459	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, KIMBERLY D 2008 PINE ST. ST. CLOUD, FL 34769			7. Name and Address of New Registered Agent Name: Kimberly D. Brown Street Address (P.O. Box Number is Not Acceptable) 4003 Chippewa Ct. City: St. Cloud FL Zip Code: 34772		
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: <u>Kimberly D. Brown</u> DATE: <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BROWN, KIMBERLY D 2008 PINE ST. ST. CLOUD, FL 34769	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	4003 Chippewa Ct. St. Cloud, FL 34772	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BROWN, JARROD W 2008 PINE ST. ST. CLOUD, FL 34769	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	4003 Chippewa Ct. St. Cloud, FL 34772	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BAKER, ROBERT O P.O. BOX 2018 ST. CLOUD, FL 34769	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Baker, Robert O. Jr. 1231 Creekview Ct. St. Cloud, FL 34772	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BROWN, SONIA C 316 ERON WAY WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM Baker, Pamela A. 1231 Creekview Ct. St. Cloud, FL 34772	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BAKER, PAMELA A. 1231 Creekview Ct. St. Cloud, FL 34772	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM Baker, Pamela A. 1231 Creekview Ct. St. Cloud, FL 34772	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM BAKER, PAMELA A. 1231 Creekview Ct. St. Cloud, FL 34772	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM Baker, Pamela A. 1231 Creekview Ct. St. Cloud, FL 34772	
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: <u>Kimberly D. Brown</u> <u>Kimberly D. Brown</u>			<u>4/30/07</u> <u>(321)624-2245</u> <small>DATE DAYTIME PHONE #</small>		