

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90356 047 \*\*\*\*55.00

60037426



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4406906** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ROBERTS, AVERY C**  
**255 NORTH LAKE AVENUE**  
**LAKE BUTLER, FL 32054**

## 7. Name and Address of New Registered Agent

Name

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

**12469 W SR 100**

City **Lake Butler** **FL** Zip Code **32054**

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, the registered agent.

SIGNATURE

Signature must be printed name of registered agent and used if applicable.

**Avery C. Roberts**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-12-07**

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **mgmR** ☐ Delete  
NAME **Avery C. Roberts**  
STREET ADDRESS **PO Box 223**  
CITY-ST-ZIP **Lake Butler FL 32054**

TITLE **mgmR** ☐ Delete  
NAME **Dexter A. O'steen**  
STREET ADDRESS **16707 NW CR 241**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**Avery C. Roberts**

Date

Daytime Phone #

**4-12-07**

**386-496-3509**