

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-02-2007 90434 034 ****50.00

DOCUMENT # L06000020517					
1. Entity Name IN THE MONEY, LLC					
Principal Place of Business 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406			Mailing Address 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03072007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4678982				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DENTRY, DEBORAH A 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete DENTRY BAGGETT, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MCNEAL, CLYDE 269 SEDONA WAY PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete LEE, ROBERT A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MICKLE, JAMIE C 3096 EL CAMINO REAL WEST PALM BEACH, FL 33407				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 <i>Deborah A Dentry</i> <i>Deborah A Dentry</i>				3/23/07 5614334210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	