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ANNUAL REPORT (AR)	Aug 27, 2007 8:00	
DOCUMENT # L06000027585	Secretary of Sta	
SNELL ISLE NOTE, LLC	07-06-2007 90086 001 ***500.0	

1. Entity Nam SNELL IS	BLE NOTE, LLC			07-06-2007 90086 001 ***500.00	
Principal Plac	e of Business	Mailing Address		_	
THE KRESS 475 CENTR ST. PETERS US	S BUILDING, SUITE 202 IAL AVENUE SBURG FL 33701	THE KRESS BUILDING 475 CENTRAL AVENU ST. PETERSBURG FL US	JĒ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	Place of Business - No P.O. Box # Lake Ave SE	3. Mailing Address 1950 Lake 1	Ave SE		
Suile, Apt.	#, etc.	Suito, Apt. #, etc.		1st MOORE CR2E083 (10/06)	
City & State		City & Stato		4. FEI Number Applied For Not Applied by Not Applie	
Zip 33771	Country	Zip 33771	Country	5. Certificate of Status Dosirod S5.00 Additional Fee Required	
	6. Name and Address of Current (Name	7. Name and Address of New Registered Agent	
MASCARA, ERNEST L THE KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE				s (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL 33701		City	FL Zip Codo	
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	ured agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed hyrse of registered agent a				
. 		FILE NO Make Check Payabl	DWIII FEE IS \$50.00 to Florida Departments By May 1, 2007		
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES	
HILL: Name Siree I Address City-S1- <i>T</i> 1P	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 20 ST. PETERSBURG FL 33701	□ Delete		Thange □Addition TO Lake Ave SE, B To, PL 33771	
HITT NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CHY SLIPP	☐ Change ☐ Addilion	
IBLE NAME SIREU ADDRESS CITY-ST-ZIP		☐ Oolete	TITIC NAME SIRIEFADORESS CITY ST 71P	☐ Clunge ☐ Addition	
HILL NAME. SHRIET ADDRESS CHY S1-7P		☐ Delate	BITTE NAME STRUTT ADDITESS COTY ST-73P	Change Addition	
NAMI STREET ADDRESS CITY ST-ZIP		☐ Dolete	THE NAME STREET ADDRESS CITY ST- MP	☐ Change ☐ Addition	
IDEE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	NAME STREEL ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
11. Horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under early, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					



1950 Lake Avenue SE #B Largo, FL 33771

Office: (727) 894-6084 Fax: (727) 894-6138

August 22, 2007

Florida Department of State **Annual Reports Section**

P.O. Box 6478

Tallahassee, FL 32314

RE: Reference #LQ6000027585

Gentlepersons:

I have submitted payment of \$50.00 for the above reference number and I was actually supposed to dissolve it. Could you please correct and dissolve this company and return the \$50.00 payment I made for Snell Isle Note, LLC.

If you have any questions please don't hesitate to call me and it was nice talking to you the other day.

Kind regards,

April Charles

Office Manager/Executive Assistant