

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000028230

1. Entity Name
TOPPER ONE, LLC



**FILED
Apr 26, 2007 8:00 am
Secretary of State**

04-26-2007 90029 016 ****50.00

60040935



03212007 Chg-LLC CR2E083 (12/06)

Principal Place of Business		Mailing Address	
9428 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE, FL 32216		9428 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 1890 S. 14th St.		3. Mailing Address P. O. Box 706	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034	Country Nassau	Zip 32035	Country Nassau

4. FEI Number 20-4574329	<input type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOCK, WILLIAM J JR 1934 SUNRISE DRIVE FERNANDINA BEACH, FL 32034		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		1890 S. 14th St. Suite 200	
		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 _____
(Signature, typed or printed name of registered agent and title if applicable.) (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOCK, WILLIAM J JR 1934 SUNRISE DRIVE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1890 S. 14th St. Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREVETT, HARRY R 9428 BAYMEADOWS ROAD, SUITE 120 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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.

4/24/07 904-261-8822

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #