


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUL 27 AM 7:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000028726	
1. Entity Name HENLEY SPECIAL ACCOUNT, LLC	

Principal Place of Business 6300 MIDNIGHT PASS ROAD 1201 SARASOTA, FL 34242	Mailing Address 6300 MIDNIGHT PASS ROAD 1201 SARASOTA, FL 34242 US
--	---

2. Principal Place of Business - No P.O. Box # 1475 ROADS END PL Suite, Apt. #, etc.	3. Mailing Address 1475 ROADS END PL Suite, Apt. #, etc.
--	--

City & State Columbus OH	City & State COLUMBUS, OH
-----------------------------	------------------------------

Zip 43209	Country USA	Zip 43209	Country USA
--------------	----------------	--------------	----------------



07182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4526689 Applied For : Applicable

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

6. Name and Address of Current Registered Agent HENLEY, NEVA C 6300 MIDNIGHT PASS ROAD 1201 SARASOTA, FL 34242
--

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 Neva Coak Henley  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENLEY, JAMES S 6300 MIDNIGHT PASS ROAD, #1201 SARASOTA, FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900106991989 07/31/07--01045--001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Neva Coak Henley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #