

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030289

Entity Name: 3702 131ST AV. N., LLC

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

3702 131ST AVENUE NORTH  
CLEARWATER, FL 34622

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 470098  
CELEBRATION, FL 34747

## New Mailing Address:

3670 131ST AVENUE N  
CLEARWATER, FL 33762 US

FEI Number: 16-1781439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARGUE, MATTHEW  
1170 CELEBRATION BLVD.  
100  
CELEBRATION, FL 34747 US

## Name and Address of New Registered Agent:

ARGUE, MATTHEW  
3670 131ST AVE N  
CLEARWATER, FL 33762 US

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.

SIGNATURE:

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ARGUE, MATTHEW  
Address: 1170 CELEBRATION BLVD.  
City-St-Zip: CELEBRATION, FL 34747

Title: MGR (X) Delete  
Name: VITITO, CHRISTOPHER  
Address: 1170 CELEBRATION BLVD.  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ARGUE, MATTHEW  
Address: 3670 131ST AVE N  
City-St-Zip: CLEARWATER, FL 33762

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW ARGUE

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date