


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 27, 2007 8:00 am
Secretary of State

02-05-2007 90197 013 ****50.00

DOCUMENT # L06000031298			
1. Entity Name MICHAEL ASSOCIATES, LLC			
Principal Place of Business P.O. BOX 880 CAPTIVA, FL 33924		Mailing Address P.O. BOX 880 CAPTIVA, FL 33924	
2. Principal Place of Business - No P.O. Box # 17171 Captiva Dr.		3. Mailing Address PO Box 880	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Captiva, FL		City & State Captiva FL	
Zip 33924	Country USA	Zip 33924	Country USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Owner Manager Michael Mullins 17171 Captiva Dr - PO Box 880 Captiva FL 33924	
		Managing member Cannella Mullins 17171 Captiva Dr - PO Box 880 Captiva, FL 33924	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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 <i>Cannella C. Mullins</i>		Date <i>2/1/07</i> Daytime Phone # <i>239-395-3546</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	