

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033437

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: FIERRO LLC

## Current Principal Place of Business:

950 1ST STREET S. SUITE 103  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

141 E. CENTRAL AVE.  
SUITE 410-B  
WINTER HAVEN, FL 33880

## Current Mailing Address:

950 1ST STREET S. SUITE 103  
WINTER HAVEN, FL 33880

## New Mailing Address:

141 E. CENTRAL AVE.  
SUITE 410-B  
WINTER HAVEN, FL 33880

FEI Number: 74-3172587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHRADER, T. RANDALL  
950 1ST STREET S. SUITE 103  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

SCHRADER, T. RANDALL  
141 E. CENTRAL AVE.  
SUITE 410-B  
WINTER HAVEN, FL 33880 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:

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHRADER, T. RANDALL  
Address: 950 1ST STREET S. SUITE 103  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHRADER, T. RANDALL  
Address: 141 E. CENTRAL AVENUE, SUITE 410-B  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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: T. RANDALL SCHRADER

MGRM

04/24/2007

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