


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90008 009 \*\*\*\*50.00

<b>DOCUMENT # L06000033936</b> 1. Entity Name <b>STULTZ, EISENMAN, HAGAN &amp; HAGAN LLC</b>					
Principal Place of Business <b>3116 CAPITAL CIR, NE STE 10 TALLAHASSEE, FL 32308</b>			Mailing Address <b>3116 CAPITAL CIR, NE STE 10 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">83-0453696</div> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01122007    Chg-LLC    CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>STULTZ, LYNN M 3116 CAPITAL CIR, NE STE 10 TALLAHASSEE, FL 32308</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL      Zip Code</div>		
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 _____ (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			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STULTZ, LYNN M 3320 NEWTON ABBOTT DRIVE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EISENMAN, HOWARD 3105 AVON CIRCLE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAGAN, BRUCE 1309 LEEWOOD DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAGAN, JUANICE 710 W. WASHINGTON STREET MONTICELLO, FL 32344	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> <i>Lynn M. Stultz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="font-size: 1.2em; font-family: cursive;">1/12/07</div> <small>Date</small>		<div style="font-size: 1.2em; font-family: cursive;">(850) 385-4189</div> <small>Daytime Phone #</small>