
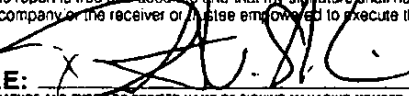


**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90438 002 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000047389</b>			
1. Entity Name I PERMIT U, LLC			
Principal Place of Business 157 YACHT CLUB WAY #212 HYPOLUXO, FL 33462 US		Mailing Address 157 YACHT CLUB WAY #212 HYPOLUXO, FL 33462 US	
2. Principal Place of Business - No P.O. Box # 145 YACHT CLUB WAY Suite, Apt. #, etc. 206 City & State Hypoluxo FL Zip 33462 Country USA		3. Mailing Address 145 YACHT CLUBWAY Suite, Apt. #, etc. 206 City & State HYPOLUXO Zip 33462 Country USA	
4. FEI Number 20-4828495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SULLIVAN, TIMOTHY 157 YACHT CLUB WAY #212 HYPOLUXO, FL 33462		7. Name and Address of New Registered Agent Name: SULLIVAN TIMOTHY Street Address (P.O. Box Number is Not Acceptable): 145 YACHT CLUB WAY #206 City: HYPOLUXO FL Zip Code: 33462	
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 reappointing) DATE _____			
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	MGRM SULLIVAN, TIMOTHY 157 YACHT CLUB WAY #212 HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, TIMOTHY 145 YACHT CLUB WAY #206 HYPOLUXO FL 33462 <input checked="" 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
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 employed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3-29-07	Debitr Phone #: 561-676-7912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Debitr Phone #

30004920



03062007 Chg-LLC CR2E083 (12/06)