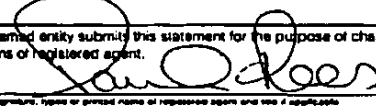
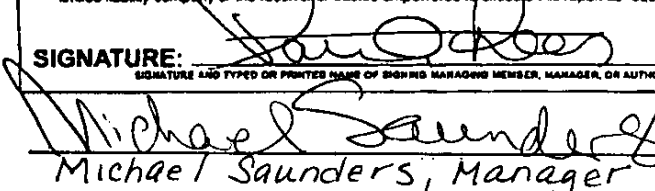


FILED
Jun 15, 2007 8:00 am
Secretary of State

04-23-2007 90366 034 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000048151			
1. Entity Name MICHAEL SAUNDERS INTERNATIONAL DR, LLC			
Principal Place of Business 100 S. WASHINGTON BLVD SARASOTA, FL 34236		Mailing Address 100 S. WASHINGTON BLVD SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEI Number 59-1611088		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent REES, PAULA 100 S. WASHINGTON BLVD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 01-23-07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)			
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	Member ☒ Delete Michael Saunders & Co. 100 S Washington Blvd Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President ☐ Change ☒ Addition Paula Rees 100 S Washington Blvd Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager ☐ Delete Michael Saunders 100 S Washington Blvd Sarasota, FL 34236	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 606, Florida Statutes. SIGNATURE:  DATE 01-23-07 941-953-7900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone Michael Saunders, Manager 6-13-07 941-953-7900			