


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90356 042 ****55.00

DOCUMENT # L06000050049	
1. Entity Name ARREDONDO INVESTMENT & DEVELOPMENT CO., LLC	

Principal Place of Business 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054 US	Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054 US
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60037431



2. Principal Place of Business - No P.O. Box # 12469 W SR100	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

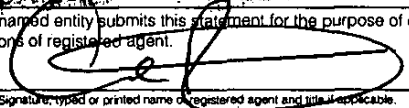
City & State Lake Butler FL	City & State Suite, Apt. #, etc.
Zip 32054	Country US

4. FEI Number 20-5132718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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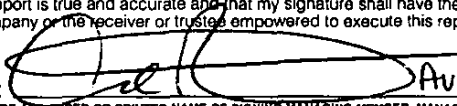
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 W SR100 City Lake Butler FL Zip Code 32054	
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8. I, the above named entity, submit 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 	Avery C. Roberts 4-12-07 (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, AVERY C P.O. BOX 233 LAKE BUTLER, FL 32054 <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
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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: 	Avery C. Roberts 4-12-07 386-496-3509 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #