

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059244

FILED
Apr 11, 2007
Secretary of State

Entity Name: TALBOTT & ASSOCIATES LLC

Current Principal Place of Business:

15469 GULF BLVD
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

15469 GULF BLVD
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 68-0630765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALBOTT, JOHN W
15469 GULF BLVD
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TALBOLT, JOHN W
Address: 15469 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TALBOTT, JOHN W
Address: 15469 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: MM () Change (X) Addition
Name: TALBOTT, MARILYN J
Address: 15469 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: MM () Change (X) Addition
Name: TALBOTT, JOHN H
Address: 3788 BRAEMERE DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

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: JOHN W TALBOTT

MGR

04/11/2007

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