

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060034

Entity Name: WOMEN'S COMMUNITY, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2127, 275 ALDERLY CIRCLE
BLOWING ROCK, NC 28605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2127, 275 ALDERLY CIRCLE
BLOWING ROCK, NC 28605

New Mailing Address:

FEI Number: 20-3459811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREINEN, DONALD E
804 E. WINDWARD WAY, SUITE 101
LANTANA, FL 33462 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: MGRM () Delete
Name: TREINEN, DONALD
Address: P.O. BOX 2127, 275 ALDERLY CIRCLE
City-St-Zip: BLOWING ROCK, NC 28605

Title: MGRM () Delete
Name: TRIFILETTI (TREINEN), DENISE
Address: P.O. BOX 2127, 275 ALDERLY CIRCLE
City-St-Zip: BLOWING ROCK, NC 28605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD E.TREINEN

MMBR

01/05/2007

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