2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061470

Entity Name: MICHAEL FLOWERS LLC

FILED Sep 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 19051 S.E. 137TH TERRACE
 7355 SW 201 ST AVENUE

 DUNNELLON, FL 34431
 DUNNELLON, FL 34431

Current Mailing Address: New Mailing Address:

P.O. BOX 1739 P.O. BOX 1739

DUNNELLON, FL 34431 DUNNELLON, FL 34430

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLOWERS, MICHAEL

19051 S.E. 137TH TERRACE

DUNNELLON, FL 34431 US

FLOWERS, MICHAEL

7355 S.W. 201 ST AVENUE

DUNNELLON, FL 34431 US

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: MICHAEL A. FLOWERS 09/07/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FLOWERS, MICHAEL
 Name:

 Address:
 P.O. BOX 1739
 Address:

 City-St-Zip:
 DUNNELLON, FL 34430
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FLOWERS, FRANCES
 Name:

 Address:
 P.O. BOX 1739
 Address:

 City-St-Zip:
 DUNNELLON, FL 34430
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL FLOWERS MGR. 09/07/2007