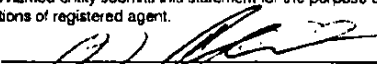
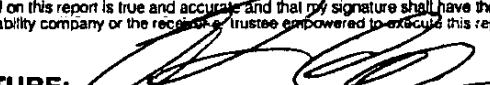


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

08-17-2007 90097 037 ****50.00

DOCUMENT # L06000063824			
1. Entity Name STEADY ROLLING L.L.C.			
Principal Place of Business 1303 CLAY AVE PANAMA CITY, FL 32401		Mailing Address 113 Razz Way 1303 CLAY AVE Panama City Beach PANAMA CITY, FL 32401	
2. Principal Place of Business - No P.O. Box # 113 Razz Way		3. Mailing Address 113 Razz Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City Beach FL		City & State Panama City Beach FL	
Zip 32408	Country Bay	Zip 32409	Country Bay
5. Name and Address of Current Registered Agent COURTNEY, ADRON 1303 CLAY AVE PANAMA CITY, FL 32401 113 Razz Way Panama City Beach FL 32408		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 8-12-07			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Manager Member Adron L. Courtney 113 Razz Way Panama City Beach FL 32407	☐ 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
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 recipient, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 8-12-07 850-317-0829	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	