2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
04-20-2007 90031 018 ****55.00

DOCUMENT # L06000067078

1. Entity Name
1600-1700 BLOCK, LLC

Principal Place of Business	Mailing Address
1636 E. 17TH AVE. TAMPA FL 33605	1636 E. 17TH AVE. TAMPA FL 33605

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1618 E 17th Ave	1917 Arkansas Hwy 175
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Mammoth Springs AR.
Zip: 33605 Country: USA	Zip: 72554-9514 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: N/A — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, MISTY
~~1636 E. 17TH AVE.~~ 1618 E. 17th Ave
TAMPA, Fla FL 33605

7. Name and Address of New Registered Agent

Name: Cramer Misty
Street Address (P.O. Box Number is Not Acceptable): 1618 E. 17th Ave
City: Tampa Florida FL Zip Code: 33605

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: I.G. Joseph Fonte
Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FONTE, I.G. J ~~1636 E. 17TH AVE.~~ 1917 Arkansas Hwy 175 ~~TAMPA FL 33605~~ Mammoth Springs AR ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Fonte I.G. J 1917 Arkansas Hwy 175 Mammoth Springs AR - 72554-9514 ☐ 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
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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 Section 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: I.G. Joseph Fonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #