


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90099 028 ***138.75

DOCUMENT # L06000068336 1. Entity Name FEE, DEROSS & FEE, P.L.	
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Principal Place of Business 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982	Mailing Address 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982
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60026823



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FEE, FRANK H IV, ESQ 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982	DO NOT WRITE IN THIS SPACE
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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.

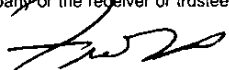
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FEE, FRANK H III 500 VIRGINIA AVE., SUITE 200 FORT PIERCE, FL 34982
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**DO NOT WRITE
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **FRANK H. FEE, III**
Managing Member
4/21/08 772-461-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #