


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000073735		
1. Entity Name KEVIN E. TOOTLE, L.L.C.		

FILED

07 AUG 30 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 2901 NW 102 AVE. DORAL, FL 33172 US	Mailing Address 2901 NW 102 AVE. DORAL, FL 33172
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2. Principal Place of Business - No P.O. Box # 3890 BELLAC RD	3. Mailing Address SAME 3890 BELLAC RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32303	Zip 32303
Country USA	Country USA

4. FEI Number 20-5346377	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAW OFFICE OF JAMIE ALVAREZ, P.A. 5701 SHERIDAN STREET HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOTLE, KEVIN E 2901 NW 102 AVE. DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOTLE, KEVIN E. 3890 BELLAC RD. TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOTLE, JENNIFER E. 3890 BELLAC RD TALLAHASSEE FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300109139879 09/06/07-01039-014 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kevin E. Tootle KEVIN E. TOOTLE MGR 7/13/07 305 903 4045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #