

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076036

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** EUGENE F. SATTERFIELD "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

6118 SYRCLE AVE.  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6118 SYRCLE AVE.  
MILTON, FL 32570

**New Mailing Address:**

FEI Number: 06-1787237      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

SATTERFIELD, EUGENE F  
6118 SYRCLE  
MILTON, FL 32570      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SATTERFIELD, EUGENE F  
Address: 6118 SYRCLE AVE  
City-St-Zip: MILTON, FL 32570

Title: MGR ( ) Change (X) Addition  
Name: MCQUEEN, CARY  
Address: 5024 RIDGEWAY  
City-St-Zip: MILTON, FL 32570

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: EUGENE F SATTERFIELD

MGRM

09/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date