2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076784

Entity Name: WYATT MICHAEL BUILDERS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 7624/6691 FT. MYERS DRIVE INDIAN LAKE ESTATES, FL 33855	6691 FT. MYERS DRIVE INDIAN LAKE ESTATES, FL 33855
Current Mailing Address:	**New Mailing Address:**
P.O. BOX 7624/6691 FT. MYERS DRIVE INDIAN LAKE ESTATES, FL 33855	P.O. BOX 7624 INDIAN LAKE ESTATES, FL 33855

FEI Number: 42-1711590   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JONES, ALLEN 1640 EAST PARK AVE STE A INDIAN LAKE ESTATES, FL 33855 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	JONES, MIKE	Name:	JONES, MIKE P
Address:	P.O. BOX 7624	Address:	P.O. BOX 7624
City-St-Zip:	INDIAN LAKE ESTATES, FL 33855	City-St-Zip:	INDIAN LAKE ESTATES, FL 33855
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	JONES, ANN MARIE	Name:	JONES, ANN MARIE
Address:	P.O. BOX 7624	Address:	P.O. BOX 7638
City-St-Zip:	INDIAN LAKE ESTATES, FL 33855	City-St-Zip:	INDIAN LAKE ESTATES, FL 33855

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE P. JONES   MGRM   04/15/2007

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