2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90191 040 ****50.00

DOCUMENT # L06000078658

1. Entity Name
BEST EASY SHOPPING L.L.C.

Principal Place of Business	Mailing Address
6440 SPRING FLOWER DRIVE SUITE 16 NEW PORT RICHEY FL 34653--5410 US	6440 SPRING FLOWER DRIVE SUITE 16 NEW PORT RICHEY FL 34653--5410 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 34653-5410 / Country	Zip 34653-5410 / Country

1st MOORE CR2E083 (10/06)

4. FEI Number 56-2603897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SOVEREIGN, ROBERT
6440 SPRING FLOWER DRIVE SUITE 16
NEW PORT RICHEY FL 34653--541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Robert Sovereign MGRM [signature] 4-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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	MGRM SOVEREIGN, ROBERT 6440 SPRING FLOWER DRIVE SUITE 16 NEW PORT RICHEY FL 34653--541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOVEREIGN, MARGARET 6440 SPRING FLOWER DRIVE SUITE 16 NEW PORT RICHEY FL 34653--541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Robert Sovereign [signature] 727 845-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #