

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083750

FILED
Jun 08, 2007
Secretary of State

Entity Name: EXECUTIVE SUITES AT SEVEN OAKS, LLC

Current Principal Place of Business:

16118 N. FLORIDA AVE.
LUTZ, FL 33549

New Principal Place of Business:

2211 ASHLEY OAKS CIRCLE
LUTZ, FL 33543

Current Mailing Address:

16118 N. FLORIDA AVE.
LUTZ, FL 33549

New Mailing Address:

2211 ASHLEY OAKS CIRCLE
LUTZ, FL 33543

FEI Number: 20-5429096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FLORES, LILY
16118 N FLORIDA AVE.
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

FLORES, LILY
2211 ASHLEY OAKS CIRCLE
LUTZ, FL 33543 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: _____

06/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LILY, FLORES
Address: 16118 N. FLORIDA AVE.
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: CARRILLO, KATHLEEN
Address: P.O. BOX 1845
City-St-Zip: BRADENTON, FL 34206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LILY FLORES

MGRM

06/08/2007

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