## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085267

Entity Name: ONE CORNER AT A TIME, L.L.C.

**FILED** Mar 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4239 LIRON AVE #203 13150 FEATHER SOUND DR FORT MYERS, FL 33916

# 511

FORT MYERS, FL 33919

**Current Mailing Address: New Mailing Address:** 

4239 LIRON AVE #203 13150 FEATHER SOUND DR FORT MYERS, FL 33916

# 511 FORT MYERS, FL 33919

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351

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:

MGRM Title: MGRM () Delete (X) Change ( ) Addition

FAY, PAOLA F Name: Name: FAY, DERIK S Address: 4239 LIRON AVE #203 Address: 4239 LIRON AVE #203 City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916

Title: MGRM (X) Delete Title: () Change () Addition

Name: FAY, DERIK S Name: Address: 4239 LIRON AVE #203 Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip:

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: DERIK FAY **MGRM** 03/12/2007