


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90102 015 \*\*\*\*55.00

<b>DOCUMENT # L06000094241</b> 1. Entity Name <b>CWEESE AND COMPANY, LLC</b>					
Principal Place of Business <b>304 STATE ROAD 26 MELROSE, FL 32666</b>			Mailing Address <b>108 BROOM SAGE DRIVE MELROSE, FL 32666</b>		
2. Principal Place of Business - No P.O. Box # <b>304 STATE RD 26</b> Suite, Apt. #, etc.		3. Mailing Address <b>108 Broom Sage Dr.</b> Suite, Apt. #, etc.			
City & State <b>MELROSE FL.</b>		City & State <b>MELROSE FL.</b>		4. FEI Number <b>87-0782980</b>	
Zip <b>32666</b>		Country <b>Putnam</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEESE, CARLA 108 BROOM SAGE DRIVE MELROSE, FL 32666</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; font-family: cursive;">NO CHANGES</div> City <b>FL</b> 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: <u><b>CARLA WEESE</b></u> <i>Carla Weese</i> <b>9-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEESE, CARLA 108 BROOM SAGE DRIVE MELROSE, FL 32666</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <u>CARLA WEESE</u> <i>Carla Weese</i> <b>9-1-07 352-475-1935</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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