## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business 1429 HiGHLAND DRIVE TALLAHASSEE, FL 32317  2. Principal Place of Business - No P.O. Box # D. Mailing Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  Applied  B. Name and Address of Current Registered Agent  DICKINSON, BRENDA D  1429 HIGHLAND DRIVE TALLAHASSEE, FL 32317  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 a the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4062007 Chg-LLC CR2E083 (12/06)  City & State  City & State  City & State  City & State  Applied  Not Applied  Name  Size and Address of New Registered Agent  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 a the obligations of registered agent.  Signature  Signature  Signature for the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  Signature  Signature for the purpose of Changing its registered agent and the approache.  (NOTE flegatived Agent agreed required when remaining)  Make check payable to Florida Department of State	(FB):
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11. I hereby certify that the information supplied with this filling 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.  SIGNATURE:  SIGNATURE:  SIGNATURE:  Date:  Date:  Date:  Design Types or PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date:  Date:  Date:  Date:  Date:  Design Types or PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date:  Date	194