

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 028 ****50.00

60017447



01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5863420** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

THOMPSON, MARIA E
5793 WAGON WHEEL DRIVE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name **Maria E. & Rodney L. Thompson**
Street Address (P.O. Box Number is Not Acceptable)
1258 South Military Trail #812
Villas of Meadow Lakes
City **Deerfield Beach** FL Zip Code **33442**

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. **owner/mgr**

SIGNATURE **[Signature]** **[Signature]** DATE **2-20-2007**
(NOTE: Registered Agent signature required when remitting)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **THOMPSON, MARIA E**
STREET ADDRESS **5793 WAGON WHEEL DRIVE**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **owner/mgr** ☒ Change ☐ Addition
NAME **Maria E. Thompson**
STREET ADDRESS **1258 South Military Trail #812**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **owner/mgr** ☐ Change ☒ Addition
NAME **Rodney L. Thompson**
STREET ADDRESS **1258 South Military Trail #812**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **[Signature]** **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

(Maria E. Thompson) (Rodney L. Thompson)

2-20-2007 954980-966