

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90133 045 \*\*\*\*50.00

<b>DOCUMENT # L06000111035</b> 1. Entity Name <b>781 ALVIN AVENUE, LLC</b>																													
Principal Place of Business <b>306 BOND STREET CLEWISTON, FL 33440-3804</b>			Mailing Address <b>306 BOND STREET CLEWISTON, FL 33440-3804</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>20-8023590</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>REDISH, RICKY R 306 BOND STREET CLEWISTON, FL 33440-3804</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <div> <div><input type="checkbox"/> Delete</div> <div><b>Pres Ricky R Redish</b></div> <div><b>306 Bond St</b></div> <div><b>Clewiston, FL 33440</b></div> </div> </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Delete</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Delete</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Delete</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Delete</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Delete</div></td></tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div> </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div><input type="checkbox"/> Delete</div> <div><b>Pres Ricky R Redish</b></div> <div><b>306 Bond St</b></div> <div><b>Clewiston, FL 33440</b></div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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 606, Florida Statutes.																													
<b>SIGNATURE:</b>				<b>3-6-07</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date																									
Daytime Phone #				<b>863-983-3123</b>																									