2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2007 8:00 am Secretary of State 3/5

1. Entity Name 810-806 CORONA STREET, LLC						03-09-20	07 90133 043	30.00	
Principal Place of Business 306 BOND STREET CLEWISTON, FL 33440-3804			Mailing Address 306 BOND STREET CLEWISTON, FL 33440-3804						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, elc.			Suite, Apt. #, etc.		02162007	Chg-LLC	CR2E083 (12/06	5)	
City & State			City & State		4. FEI Numb			Applied For	
Zip	Country		Zip Country			of Status Desired	\$5.00 A	dditional	
6. Name and Address of Current			Registered Agent	Name	7. Name and	Address of New R			
REDISH, RICKY R 306 BOND STREET						P.O. Box Number is Not Acceptable)			
CLEWISTON, FL 33440-3804				· · · · · ·					
				City		· · · · ·	FL Zip Co	xde	
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 the objigations of registered agent.								h, and accept	
SIGNATURE Signature, typed or printed name of registered agent and late # applicable. (NOTE: Registered Agent signature required when remarkating) DATE									
Filing Fee is \$50.00 Due by May 1, 2007							e check payable to a Department of St	ì	
9	R. C.	MANAGING MEMBE		10.		ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-51-27P	306 (C/e)	Bond S Bond S	2.33440	TITLE NAME STREET ADORESS CITY-ST-ZIP	3		☐ Change	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	e 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		· · · · · · · · · · · · · · · · · · ·		212.5				Addition	
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STREET ADDRESS			☐ Delete	NAME STREET ADDRESS			Change		
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STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 11. J horeby c indicated	on this report	is true and accurate and	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE SAME STREET ADDRESS CITY-ST-ZIP	il made under oath	i; that I am a manag	Change	Addition Addition	