


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90042 009 ****50.00

DOCUMENT # L06000113663						
1. Entity Name TECHWRITE LLC						
Principal Place of Business 2106 HEATHER HILL LOOP THE VILLAGES, FL 32162			Mailing Address 2106 HEATHER HILL LOOP THE VILLAGES, FL 32162			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number		
02042007 Chg-LLC				CR2E083 (12/06)		
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DAVIS, PRESTON 2106 HEATHER HILL LOOP THE VILLAGES, FL 32162				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL 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 _____ (NOTE: Registered Agent signature required when re-registering)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, PRESTON 2106 HEATHER HILL LOOP THE VILLAGES, FL 32162		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.						
SIGNATURE: <u>Preston Davis, Preston Davis</u>				4/16/07 (352)751-4094		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		