## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90027 040 \*\*\*\*50.00 DOCUMENT # L06000115240 THE CANADY GROUP, LLC 60042019 Principal Place of Business Mailing Address 2401 S. RIDGEWOOD AVE 2401 S. RIDGEWOOD AVE SOUTH DAYTONA, FL 32119-3023 US SOUTH DAYTONA, FL 32119-3023 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 314 Two Oaks Drive 314 Two Oaks Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5980575 Edgewater, FL Edgewater, FL Not Applicable Zip 32141 Country Country \$5.00 Additional 5. Certificate of Status Desired 32141 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard V. Canady CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 314 Two Oaks Drive Edgewater 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. Richard V. Canady, Managing Member 4/23/07 SIGNATURE nd name of poistered agent and tipe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM MGRM Addition TITLE [☑ Change TITLE ☐ Delete Richard V. Canady 314 Two Oaks Drive CANADY, RICHARD V NAME NAME STREET ADDRESS 10667 N. ROULETTE POINT STREET ADDRESS Edgewater, FL 32141 DUNNELON, FL 34433 CITY-ST-ZIP CITY-ST-ZIP X Delete Change ☐ Addition TITLE CANADY, DENISE R NAME NAME 10667 N. ROULETTE POINT STREET ADDRESS STREET ADDRESS **DUNNELON, FL 34433** CITY-SI-7F CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Richard V. Canady, Managing Member

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/07

Daytime Phone II

**FILED**