

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115303

Entity Name: FIGLEY & CO LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

380 SOUTH STATE ROAD 434
1004-100
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

380 SOUTH STATE ROAD 434
1004-100
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-5972678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGLEY, RON W
380 SOUTH STATE ROAD 434
1004-100
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

380 SOUTH STATE ROAD 434
1004-309
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

380 SOUTH STATE ROAD 434
1004-309
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FIGLEY, ROD W
380 SOUTH STATE ROAD 434
1004-309
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: ROD W FIGLEY

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RON W FIGLEY,
Address: 380 SOUTH STATE ROAD 434 SUITE1004-100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROD W FIGLEY,
Address: 380 SOUTH STATE ROAD 434 SUITE1004-309
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROD W FIGLEY

MBR

03/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date