
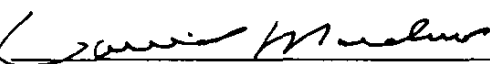


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50'

<b>DOCUMENT # L06000116968</b> 1. Entity Name <b>NARCOSSEE SERVICES LLC</b>						<b>FILED</b> <b>07 MAY 23 PM 12: 54</b> STATE OF FLORIDA ALACHUA COUNTY, FLORIDA	
Principal Place of Business <b>400 SADDLEWORTH PL LAKE MARY, FL 32746</b>				Mailing Address <b>400 SADDLEWORTH PL LAKE MARY, FL 32746</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						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>MEADOWS, DAVID 400 SADDLEWORTH PL LAKE MARY, FL 32746</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MEADOWS, DAVID 400 SADDLEWORTH PL LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700103907257 06/05/07--01015--012 **\$00.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							