

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90216 031 \*\*\*\*50.00

<b>DOCUMENT # L06000117663</b> 1. Entity Name 1215C WEST THARPE STREET, L.L.C.					
Principal Place of Business 1215 WEST THARPE STREET TALLAHASSEE, FL 32303			Mailing Address 1215 WEST THARPE STREET TALLAHASSEE, FL 32303		
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	02132007    Chg-LLC    CR2E063 (12/06)	
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">59-0908637</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  BREWSTER, JAMES R ESQ 547 N. MONROE STREET, SUITE 203 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="font-size: 1.2em; font-weight: bold;">FL</span> 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 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	MGRM WILLIAMS COMMUNICATIONS, INC. 5048 TENNESSEE CAPITAL BLVD. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>22 Jan CFO</i> Date: <i>2/13/07</i> Daytime Phone #: <i>850 385 1121</i>		

*LISA L SPOONER*