2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90109 035 ****55.00

DOCUMENT # L06000118616

1. Entity Name
MASTERCRAFT, LLC

Principal Place of Business
2100 WEST BEACH DRIVE, #F201
PANAMA CITY FL 32401

Mailing Address
2100 WEST BEACH DRIVE, #F201
PANAMA CITY FL 32401

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #
61 SAN JOSE DR.
Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL.
Zip: 32459 Country: USA

3. Mailing Address
61 SAN JOSE DR.
Suite, Apt. #, etc.
City & State: SANTA ROSA BEACH, FL.
Zip: 32459 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. **Name and Address of New Registered Agent**
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	MASTERS, AARON D
STREET ADDRESS	2100 WEST BEACH DRIVE, #F201
CITY ST ZIP	PANAMA CITY FL 32401
TITLE	ST ☐ Delete
NAME	MASTERS, AARON D
STREET ADDRESS	2100 WEST BEACH DRIVE, #F201
CITY ST ZIP	PANAMA CITY FL 32401
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Delete
NAME	
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CITY ST ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Aaron D. Masters 4-15-07 (404) 787-2759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #