

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


5/1 **FILED**
Jun 20, 2008 8:00 am
Secretary of State

05-19-2008 90187 031 ***138.75

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DOCUMENT # L07000095752

1. Entity Name
PAMELA S. LANNON, ATTORNEY AT LAW, PL



Principal Place of Business
**4310 NORTH A1A #202
 FT PIERCE, FL 34949**

Mailing Address
**4310 NORTH A1A #202
 FT PIERCE, FL 34949** *P.O. Box 34954*

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04272008 Chg-LLC CR2E083 (12/08)

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

**LANNON, PAMELA S ESQ
 4310 NORTH A1A #202
 FT PIERCE, FL 34949**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restructuring)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRINCIPAL/MANAGING MEMBER	PAMELA S. LANNON, ESQ.	4310 N. A1A, #202	FT. PIERCE, FL 34949	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Pamela S. Lannon* **PAMELA S. LANNON** *06-27-08* **06-27-08** *772-466-5379* **772-466-5379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #