


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90160 004 ****50.00

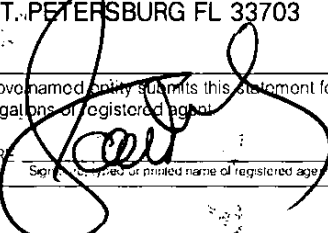
DOCUMENT # L94000000341	
1. Entity Name COURTLAND READE LIMITED COMPANY	

Principal Place of Business 6740 CROSSWINDS DRIVE NORTH - K1 ST. PETERSBURG FL 33710	Mailing Address P.O. BOX 40566 ST. PETERSBURG FL 33743
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2. Principal Place of Business - No P.O. Box # 1216 79th Street South	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State St Petersburg, Florida	City & State City & State
Zip 33707	Country USA

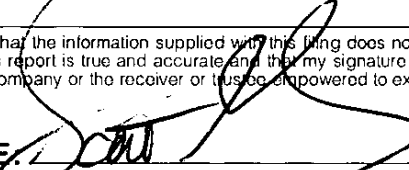
1st MOORE CR2E083 (10/06)

4. FEI Number 59-3259912		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 SAMUELS, SCOTT A 6740 CROSSWINDS DRIVE NORTH SUITE G ST. PETERSBURG FL 33703		7. Name and Address of New Registered Agent Name Scott A Samuels Street Address (P.O. Box Number is Not Acceptable) 1216 79th Street South City St Petersburg FL Zip Code 33707
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  Scott A Samuels - Partner		DATE Feb , 2007

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMUELS, SCOTT A 1216 79TH STREET SOUTH ST. PETERSBURG FL 33707 <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	MGRM SAMUELS, ROBIN E 1216 79TH STREET SOUTH ST. PETERSBURG FL 33707 <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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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  **Scott A Samuels - Feb 21, 2007 727-639-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #