## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

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## STATE OF THE PROOF DRIVE, SUITE 201  ## NOVILLE, TN 37919  2. Principal Place of Business		e	042				05-02-2007	90338 008 ****50	).00
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Cray & State   Cray &	813 NORTHS	SHORE DRIVE, SUITE 201	813 NORTHSHORE DRIV	/E, SUITE 201		1 10 <b>5</b> 10111 (11	I ibiid (biik bbai) bois ot	III BAIK BAIAI KEU BAIU BIND II I	<b>TB</b> I 411   <b>18</b> 11
City & State    City & State   City & State   City & State   S	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Security   Zip   Country   Zip   Country   Security	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u> </u>	
See Required   Fee Required   Fee Required   T. Name and Address of New Registered Agent   T. Name and Address	City & State	θ	City & State					— — ·	<del> </del>
LIGHTSEY, ALTON BOS S-DENNITING DR  2 105 Park Avenue North  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 familier with, and accept the obligations of registered agent.  SIGNATURE  Filling Foe is \$50.00 Due by May 1, 2007  MANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE NAME REED, JOSEPH W 813 NORTHSHORE DIRVE, SUITE 201 RINER MANAGES  CITY-51-2P  RINER MORES  CITY-51-2P  ROXVILLE. TN 37919  Delete  ITILE NAME SIRRET MORESS  CITY-51-2P  THE NAME SIRRET	Zip	Country	Zip	Country		5. Certificate	of Status Desired		
SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hood or protect name of registered agent.  SIGNATURE  Signature, hood or protect name of registered agent.  PLOTE Registered Agent agents required when revitating)  PLOTE Registered Agent agents required when revitating)  Make check payable to Florida Department of State  PLOTE Registered Agent agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the resistance of Floridas I am familiar with, and accept the resistance of Floridas I am familiar with, and accept		6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New I	Registered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Synature   Tilling Fee Is \$50.00   Tilling Fee Is \$50.0	808 S DE	MININGTR 2105 YORK	Avenue North	venue North Street Address (		P.O. Box Number is Not Acceptable)			
B. 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    Filling Fee is \$50.00   Due by May 1, 2007   D	WINTERF	ARK, FL 32/89							
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Filling Fee Is \$50.00    Separation liped or protect name of registered agent and shelf applicable   (NOTE Registered Agent suprative required when remittating)   DATE			the purpose of changing its r	registered office or	registere	ed agent, or bo	th, in the State of Fl	lorida. I am familiar with,	and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR REED, JOSEPH W SITURE 201 SITURE ADDRESS BY 3 NORTHSHORE DIRVE, SUITE 201 SITURE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signatu	re required v	when reinstating)		DATE	
THE NAME STREET ADDRESS CITY-ST-ZIP								• •	9
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11. I nereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Proint a Gattles. Hullier 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 it 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: Xingh w Rod	4/34/07	
SIGNATURE AND TYPED DEPRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #