


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000016029 1. Entity Name MORENO, PEELEN, PINTO & CLARK, LLC	
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Principal Place of Business 15 WEST CHURCH STREET SUITE 201 ORLANDO, FL 32801	Mailing Address 15 WEST CHURCH STREET SUITE 201 ORLANDO, FL 32801
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01152007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WOODS, JONATHAN D ESQ. 425 W. COLONIAL DR. STE. 204 ORLANDO, FL 32804

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MORENO, ANTONIO JR
STREET ADDRESS	15 W CHURCH STREET SUITE 201
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	PEELEN, SCOTT B
STREET ADDRESS	15 W CHURCH STREET SUITE 201
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	PINTO, CHRISTINA M
STREET ADDRESS	15 W CHURCH STREET SUITE 201
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	MORENO-HARAMBOURE, ELIZABETH
STREET ADDRESS	15 W CHURCH STREET SUITE 201
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	CLARK, ROBERT L.
STREET ADDRESS	15 W CHURCH STREET SUITE 201
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

L00000600640
01/26/07-80017-016 50.00

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IN THIS SPACE

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: H. BLAKE HOSTETTER, CPA 	1/19/07	407-843-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #