

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004308

FILED
Feb 26, 2007
Secretary of State

Entity Name: FLORIA, L.L.C.

Current Principal Place of Business:

303 SOUTH PALM AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

744 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

Current Mailing Address:

303 SOUTH PALM AVENUE
SARASOTA, FL 34236

New Mailing Address:

744 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

FEI Number: 65-1097191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J
269 S. OSPREY AVENUE
SUITE 100
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: P. WALLENBERG DEVELO, PMENT CO., INC
Address: 303 SOUTH PALM AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: BREUER, ELIZABETH A
Address: 303 SOUTH PALM AVENUE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: P. WALLENBERG DEVELO, PMENT CO., INC
Address: 744 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: MGR (X) Change () Addition
Name: BREUER, ELIZABETH A
Address: 744 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH A. BREUER

P

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date