

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088040

Entity Name: SPECIALTY PARKING, L.L.C.

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

7611 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

7611 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-1996319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS-HUDSON, VINETTE  
1600 E. ROBINSON STREET, SUITE 300A  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

WALTERS, WINSTON W  
1007 E VINE STREET  
KISSIMMEE, FL 34744 US

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: WINSTON W WALTERS

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHIN, SHARON J  
Address: 7611 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: MGR ( ) Delete  
Name: KHAN, DEBBIE J  
Address: 7611 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CHIN, VICTOR JR  
Address: 7611 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify 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: SHARON J CHIN

MGR

04/27/2007

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