2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019189



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90058 041 ****50.00

1. Entity Name 11TH HOUR BUSINESS CENTERS, LLC							
Principal Place of Business 135 WEST CENTRAL BLVD., SUITE 730 ORLANDO, FL 32801		Mailing Address 135 WEST CENTRAL BLVD., SUITE 730 ORLANDO, FL 32801				a i il air iaini ilani inik	I (DUSSEL 15) (1881
7803			land Blod				
Suite, Apt. 	#, etc.	Suite, Apt. #, etc. 2 <i>D 3</i>		04192007	Chg-LLC (CR2E083 (12/0	6)
Oalanda FL		City & State O A D a mod 0 #		4. FEI Numb			Applied For Not Applicable
Zip Country		Zip Comptry		5 Certificate of Status Desired \$5.00 Additional			Additional
<u> 32809 -</u>	6. Name and Address of Current R	32809-6978 Registered Agent	Clange		d Address of New Regis	Fee Requ	ired
LUITOUNI		<u> </u>	Name				
1515 INTE	S, ROBERT J RNATIONAL PARKWAY, SUITI RY, FL 32746	E 2001	Street Address (P.O. Box Number is Not Acceptable)				
Blamon (e Inalit			City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or registe	red agent, or be	oth, in the State of Florida	ı. Lam familiar wi	th, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE R	egistered Agent signature require	d when reinstating)		DATE	
	ling Fee is \$50.00 ue by May 1, 2007					heck payable to epartment of St	
9.	MANAGING MEMBER	I RS/MANAGERS	10.		ADDITIONS/CH	ANGES	
TITLE	P	☐ Delete	TITLE			★ Chang	e 🗌 Addition
NAME STREET ADDRESS	WRIGHT, BRANNON W P 142 WINGHURST BLVD		NAME STREET ADDRESS	_	ght, Brannon W mmock Dunes I		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		ando, FL 32828		
TITLE	VP	☐ Delete	TITLE		VP	∵ Chang	e X Addition
NAME STREET ADDRESS	KUYKENDALL, CHERYL R VP 707 IRONWOOD COURT		NAME STREET ADDRESS		kendall, Cheryl 07 Ironwood Co		·
CITY-ST-ZIP	ORLANDO, FL 32708		CITY-ST-ZIP		Orlando, FL 32		
TITLE NAME		☐ Delete	TITLE			_] Chang	e 🗌 Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Chang	e 🗌 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	·		☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME CTREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Chang	e Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated	Letrify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have the	e exemptions contained e same legal effect as if	made under oat	th; that I am a managing	er certify that the i	nformation ager of the