

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025315

**FILED**  
**Apr 21, 2007**  
**Secretary of State**

**Entity Name:** CORBREE L.L.C.

**Current Principal Place of Business:**

3926 KILMARNOCK  
APOPKA, FL 32712

**New Principal Place of Business:**

9282 KLIBER DR.  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

P.O.BOX421436  
KISSIMMEE, FL 34742

**New Mailing Address:**

FEI Number: 26-0011213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENTS, LATOYA  
3926 KILMARNOCK  
APOPKA, FL 32712 US

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

CLEMENTS, LATOYA  
9282KLIBER DR.  
WINTER HAVEN, FL 33884 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: \_\_\_\_\_

04/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EDMUNDS, JAMILA  
Address: PO BOX 421436  
City-St-Zip: KISSIMMEE, FL 34742

Title: MGRM ( ) Delete  
Name: EDMUNDS, THOMAS J  
Address: PO BOX 421436  
City-St-Zip: KISSIMMEE, FL 34742

**ADDITIONS/CHANGES:**

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

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

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: JAMILA EDMUNDS

MGRM

04/21/2007

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