## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



**FILED** 

Feb 15, 2007 8:00 am Secretary of State

01-26-2007 90080 029 \*\*\*\*50.00 DOCUMENT # L06000004637 308 EAST 5TH AVENUE LLC 200000043 Principal Place of Business Mailing Address **308 EAST FIFTH AVENUE 308 EAST FIFTH AVENUE** MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01042007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE Street Address (P.O. Box Number is Not Acceptable) MOUNT DORA, FL 32757 City Zip Code 5. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, yipped or printed name of registered agent and late if applicable. (NOTE: Registered Agent signsture regured when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Delete Change □ Addition POTTER, DEL G NAME NAME STREET ADDRESS 308 EAST FIFTH AVENUE STREET ADDRESS MOUNT DORA, FL 32757 CITY-ST-ZP CITY-ST-ZIP MGR TITLE ☐ Delete TIFLE ☐ Change ■ Addition CLEMENT, G. EDWARD NAME STREET ADDRESS 308 EAST FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete IIILE DIRE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change : Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-51-20P CITY-ST-ZIP TITLE MILE Delete ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY - ST-ZIP 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 Hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: L. ESTONE
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNI ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE