


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90218 023 \*\*\*\*50.00

**DOCUMENT # L06000015589**

1. Entity Name  
**NEAT FREAKS, LLC**



Principal Place of Business  
**3304 N. WESTMORELAND DRIVE  
 ORLANDO, FL 32804**

Mailing Address  
**3304 N. WESTMORELAND DRIVE  
 ORLANDO, FL 32804**

**60015428**



2. Principal Place of Business - No P.O. Box #  
*Same as above*

3. Mailing Address  
*same as above*

Suite, Apt. #, etc.

02122007 Chg-LLC CR2E083 (12/06)

City & State

Zip Country

4. FEI Number  
**41-2200755**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINSON, WILLIAM H JR.  
 3304 N. WESTMORELAND DRIVE  
 ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name  
*Same as listed*

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINSON, NANCY W 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINSON, NANCY W 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONKLIN, MICHELLE K 1422 FAIRVIEW STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONKLIN, MURON O 1422 FAIRVIEW STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robbison, William H. Jr. 3304 N. Westmoreland Drive Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Conklin, Myron O. 1422 Fairview Street. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nancy W Robbinson*, Nancy W. Robbinson **2-12-07** 407-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone **425-3615**