

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90158 007 \*\*\*138.75

DOCUMENT # L06000063304



1. Entity Name  
 CENTRAL FLORIDA MIRACLE LEAGUE OF ORLANDO LLC

Principal Place of Business  
 605 EAST ROBINSON STREET STE 730  
 ORLANDO, FL 32801

Mailing Address  
 605 EAST ROBINSON STREET STE 730  
 ORLANDO, FL 32801

**50004794**



2. Principal Place of Business - No P.O. Box #  
 9114 GALLEON DR  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 664  
 Suite, Apt. #, etc.

03162008 Chg-LLC CR2E083 (12/06)

City & State  
 ORLANDO, FL 32819

City & State  
 WINDERMERE, FL

Zip  
 32819

Country  
 USA

Zip  
 34786

Country  
 USA

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

AM&E SERVICES LLC  
 605 EAST ROBINSON STREET STE 730  
 ORLANDO, FL 32801

**7. Name and Address of New Registered Agent**

Name  
 Kelly Puckett

Street Address (P.O. Box Number is Not Acceptable)  
 9114 GALLEON DR

City  
 ORLANDO

FL Zip Code  
 32819

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 *Kelly Puckett* Kelly Puckett DATE 4-15-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	LOUV, ARTHUR R <input checked="" type="checkbox"/> Delete	TITLE MANAGER	KELLY PUCKETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	605 EAST ROBINSON STREET, SUITE 730 ORLANDO, FL 32801	STREET ADDRESS CITY-ST-ZIP	9114 GALLEON DR ORLANDO FL 32819
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kelly Puckett* Kelly Puckett DATE 4-15-08 DAYTIME PHONE # 407-619-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE