


**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90111 013 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L06000090170**

1. Entity Name  
**CENTRAL FLORIDA MIRACLE LEAGUE SOUTH LAKE  
 LLC**




Principal Place of Business      Mailing Address  
**3957 BEACON RIDGE WAY      3957 BEACON RIDGE WAY  
 CLERMONT, FL 34711      CLERMONT, FL 34711**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**66021362**



01172007    Chg-LLC    CR2E083 (12/06)

4. FEI Number **02-0539393**    Applied For  
*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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registered)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**      **Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT ANTHONY MYERS 500 W. MYERS BLVD MASCOTTE, FL 34753</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT BRENDA KORONKA 3957 BEACON RIDGE WAY CLERMONT, FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY ERIN MYERS 500 W. MYERS BLVD MASCOTTE, FL 34753</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES. ELIZABETH A. BEEBE 1157 MAGNOLIA STREET CLERMONT, FL 34711</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** *Elizabeth A. Beebe*      *4/23/07*      *352-394-2644*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #