


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State


03-12-2007 90481 022 ****50.00

DOCUMENT # L05000047743	
1. Entity Name TORCH PARK, LLC	

Principal Place of Business 9426 BARRINGTON OAKS DR. DOVER, FL 33527	Mailing Address 9426 BARRINGTON OAKS DR. DOVER, FL 33527
--	--

2. Principal Place of Business - No P.O. Box # 10201 US Hwy 27 South	3. Mailing Address P O Box 120966
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont, FL	City & State Clermont, FL	4. FEI Number 06-1746307	Applied For Not Applicable
Zip 34711	Country USA	Zip 34712	Country USA



03082007 Chg-LLC CR2E083 (12/06)

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

6. Name and Address of Current Registered Agent

THOMAS, WAYMON W JR.
9426 BARRINGTON OAKS DR.
DOVER, FL 33527

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1677 Turnstone Way

City
Clermont

FL

Zip Code
34711

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 reinstating) DATE _____

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	<input type="checkbox"/> Delete
MGR	THOMAS, WAYMON W JR.	9426 BARRINGTON OAKS DR.	DOVER, FL 33527	<input type="checkbox"/>
MGRM	TRUSTY, RODREICK L	7921 INDIANHOUSE LANE	GROVELAND, FL 34736	<input type="checkbox"/>
MGRM	RIGGS, KEITH A	11169 HYNÉ RD	BRIGHTON, MI 48114	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1677 Turnstone Way	Clermont, FL 34711	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:  **3/8/07 (352) 227-9821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #