

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000077771

Mailing Address  
1724 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FBI Number  
56-2604310

Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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

Zip Code

SIGNATURE

DATE \_\_\_\_\_

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

**ADDITIONS/CHANGES**

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☐ Addition

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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.

407-358-9676

Daytime Phone # \_\_\_\_\_