

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90419 042 \*\*\*\*55.00

<b>DOCUMENT</b>	<b>1. Entity Name</b>	<b>2. Mailing Address</b>
	11519 Patricio Loop, LLC	same



<b>Principal Place of Business</b>	<b>Mailing Address</b>
13118 Lakewind Drive Clermont, FL 34711	same

<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>



08042007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b>	<b>Applied For</b>
20-5449747	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$5.00 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
MERIDETH C. NAGEL, P.A. 953 10TH STREET CLERMONT, FL 34711

<b>7. Name and Address of New Registered Agent</b>
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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Managing Member	TITLE	
NAME	Armando Tautiva	NAME	
STREET ADDRESS	13118 Lakewind Dr, Clermont, FL 34711	STREET ADDRESS	
CITY-ST-ZIP	13118 Lakewind Dr, Clermont, FL 34711	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Vilmarly Tautiva	NAME	
STREET ADDRESS	13118 Lakewind Dr, Clermont, FL 34711	STREET ADDRESS	
CITY-ST-ZIP	13118 Lakewind Dr, Clermont, FL 34711	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

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

6/4/07 352-394-7408

Date Daytime Phone #