

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 021 ****50.00

60048630



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3634478

Applied For
Not Applicable

5. Certificate of Status Designation ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Debbie R. Chalifoux
Street Address (P.O. Box Number is Not Acceptable) 365 Taft-Vineland Rd.
Suite 105
City Orlando FL 32824

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 Debbie R. Chalifoux
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature and title are required.)

4/30/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME RUSSELL, JOHN H
STREET ADDRESS 2645 CHEROKEE RD
CITY-ST-ZIP ST. CLOUD, FL 34772

TITLE MGRM ☐ Delete
NAME MADISON, PETER D
STREET ADDRESS 4908 OAK ISLAND RD.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE MGR ☐ Delete
NAME CHALIFOUX, DEBBIE R
STREET ADDRESS 6105 LAKE LIZZIE DR.
CITY-ST-ZIP SAINT CLOUD, FL 34771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Russell, John H., Trustee
STREET ADDRESS The John H. Russell Royacable
CITY-ST-ZIP Living Trust dated 9/11/84

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 365 Taft-Vineland Rd. #105
CITY-ST-ZIP Orlando, FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 Debbie R. Chalifoux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07

Date

407-908-5735
Daytime Phone