2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L01000000429

Entity Name: TORGESEN, L.L.C.

Current Principal Place of Business:

3027 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3240 CARLA ST
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3694163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, DEAN L
3240 CARLA ST.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JOHNSTON, ALAN	
Address:	3027 SOUTH OSCEOLA AVENUE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	MGRM	( ) Delete
Name:	JOHNSTON, DEAN L	
Address:	3240 CARLA ST	
City-St-Zip:	ORLANDO, FL 32806	
Title:	MGRM	( ) Delete
Name:	PETERSON, MARY L	
Address:	3120 S DELANEY ST.	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEAN L. JOHNSTON MD MGR 02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date