

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90145 003 \*\*\*\*50.00

60010111



01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1105370** ☐ Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

DEMKO, JAMES CO-REP  
ESTATE OF MARGARET H. DEMKO  
811 SE 2 TERRACE  
POMPANO BEACH, FL 33060

## 7. Name and Address of New Registered Agent

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 May 1, 2007**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ESTATE OF MARGARET H. DESKO	
STREET ADDRESS	811 SE 2 TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEMKO, JOHN W	
STREET ADDRESS	5510 N.E. 31ST AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ELLIS, ALICEFAY	
STREET ADDRESS	336 APPLETREE STREET	
CITY-ST-ZIP	BREVARD, NC 287123402	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DEMKO, JAMES	
STREET ADDRESS	811 SE 2 TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Estate of Margaret H. Demko	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Brevard, NC 28712	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James A. Demko 1-26-06 954-675-9233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #