


FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90197 007 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L01000010702 | | | |  | |
| 1. Entity Name FERKING FAMILY LLC | | | | | |
| Principal Place of Business 1707 E. MICHIGAN AVE. ORLANDO, FL 32806 | | | Mailing Address 1707 E. MICHIGAN AVE. ORLANDO, FL 32806 | | |
| 2. Principal Place of Business - No P.O. Box # 1833 Wind Drift Road <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 1833 Wind Drift Road <small>Suite, Apt. #, etc.</small> | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 59-3728101 | |
| Zip 32809 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLICK, JAMES J 608 E CENTRAL BLVD ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent <small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <small>City</small> FL <small>Zip Code</small> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small> <small>DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGR FERKING, CARL R 1707 E MICHIGAN AVE ORLANDO, FL 32806 | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGR FERKING, CARL R. 1833 WIND DRIFT ROAD ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGR FERKING, RHEBA 1707 E. MICHIGAN AVE. ORLANDO, FL 32806 | <input type="checkbox"/> Delete | <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | MGR FERKING, RHEBA 1833 WIND DRIFT ROAD ORLANDO, FL 32809 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <i>Rheba Ferking</i> | | | 4/26/07 | | 407-851-3915 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

60051976



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