


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

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

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L01000010702</b>			
1. Entity Name <b>FERKING FAMILY LLC</b>			
Principal Place of Business <b>1707 E. MICHIGAN AVE. ORLANDO, FL 32806</b>		Mailing Address <b>1707 E. MICHIGAN AVE. ORLANDO, FL 32806</b>	
2. Principal Place of Business - No P.O. Box # <b>1833 Wind Drift Road</b>		3. Mailing Address <b>1833 Wind Drift Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32809</b>	Country <b>U.S.</b>	Zip <b>32809</b>	Country <b>U.S.</b>
4. FEI Number <b>59-3728101</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLICK, JAMES J 608 E CENTRAL BLVD ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERKING, CARL R 1707 E MICHIGAN AVE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERKING, CARL R. 1833 WIND DRIFT ROAD ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERKING, RHEBA 1707 E. MICHIGAN AVE. ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERKING, RHEBA 1833 WIND DRIFT ROAD ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	