## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 08:00 AM Secretary of State

| DOCUMENT # L01000014070  1. Entity Name CANAVERAL, LLC |  |  |
|--|--|--|
| Principal Place of Business                            | Mailing Address                            |  |
| 335 WEST OAK STREET<br>KISSIMMEE, FL 34741             | 335 WEST OAK STREET<br>KISSIMMEE, FL 34741 |  |
| · · · · · · · · · · · · · · · · · · ·                  |  |  |



DO NOT WRITE IN THIS SPACE

O1172007 No Chg-LLC

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. Lam familiar with, and accept

(VOTE: Registered Agent signature required when immistating)

CR2E083 (11/05)

Daytene Proce #

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and trib if applicable

ORTEGA GRASSO, CARINA 415 SYCAMORE STREET CELEBRATION, FL 34747

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| Filing Fee is \$50.00<br>Due by May 1, 2007   |  |   |
|---|--|---|
| 9.  | MANAGING MEMBERS/MANAGERS  |   |
| TILLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP | MGR ORTEGA GRASSO, CARINA 415 SYCAMORE STREET CELEBRATION, FL 34747  | U00000594405<br>01/22/07-80069-023 50.00  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         |  | _   |
| NAME STREET ADDRESS CHY-ST-ZIP                |  | DO NOT WRITE  |
| TITLE NAME SIREET ADDRESS CITY-SI-ZIP         |  | IN THIS SPACE   |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP         |  |   |
| NAME STREET ADDRESS CITY-SE-ZIP               |  |   |
| 11. I hereby of indicated limited lia         | certify that the information supplied with this tiling does not qualify for the on this report is true and accurate and that must anature shall have the billy company or the receiver or property of to produce this report | exemptions contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the rt as required by Chapter 608, Florida Statutes. |

SIGNATURE AND TYPE OF THE DESIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE