## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L01000014070

Entity Name: CANAVERAL, LLC

FILED Jun 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 335 WEST OAK STREET KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 335 WEST OAK STREET KISSIMMEE, FL 34741 FEI Number: 37-1430248 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTEGA GRASSO, CARINA 415 SYCAMORE STREET CELEBRATION, FL 34747 US 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: ADDITIONS/CHANGES: Title: (X) Change ( ) Addition () Delete ORTEGA GRASSO, CARINA ORTEGA GRASSO, CARINA Name: Name: Address: 415 SYCAMORE STREET Address: 415 SYCAMORE STREET City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747 Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: GRASSO III, LOUIS A Address: Address: 415 SYCAMORE STREET City-St-Zip: City-St-Zip: CELEBRATION, FL 34747 US Title: () Delete Title: MGRM ( ) Change (X) Addition GRASSSO IV, LOUIS A Name: Name: 901 WATERSIDE LANE APT 107 Address: Address: City-St-Zip: City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify 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: CARINA ORTEGA GRASSO **MGRM** 06/14/2007