


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90329 001 ***250.00

30006844

DOCUMENT # L02000001867		
1. Entity Name LORENC GROUP INTERNATIONAL, LLC		

Principal Place of Business 187 SEA HAMMOCK WAY PONTE VEDRA BEACH, FL 32082	Mailing Address C/O BARRY B. ANSBACHER, P.A. 1301 RIVERPL BLVD 2450 RIVERPL TWR JACKSONVILLE, FL 32207-9037
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2. Principal Place of Business - No P.O. Box 171 Herons Nest Lane	
Suite, Apt. #, etc. Suite 1	
City & State St. Augustine, FL	
Zip 32080	Country

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 80-0028414	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 2450 RIVERPLACE TOWER 1301 RIVERPLACE BOULEVARD JACKSONVILLE, FL 32207-9037	
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7. Name and Address of New Registered Agent Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
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 _____
Signature, typed or printed name of registered agent and title if applicable (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LORENC, RICHARD A 13841 ADMIRALS BEND DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Lorenc, Richard A. 171 Herons Nest Lane Suite 1 St. Augustine, FL 32080 <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
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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: Ria McKeel 3/1/2007 904-461-6074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #