

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90191 042 \*\*\*\*50.00

60050759



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0792440  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RAHM, JEFFREY A  
1501 AIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168

## 7. Name and Address of New Registered Agent

Name  
Robert Dean Carlson  
Street Address (P.O. Box Number is Not Acceptable)  
3 Sunshine Blvd.  
City  
Ormond Beach FL Zip Code  
32174

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 Jeffrey Rahm - Partner DATE 04-30-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to -  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAHM, JEFFREY A	
STREET ADDRESS	1791 ARASH CIR.	
CITY - ST - ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 10. ADDITIONS/CHANGES

TITLE	manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James S Rahm	
STREET ADDRESS	1501 Airway Circle	
CITY - ST - ZIP	New Smyrna Beach, FL 32168	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Dean Carlson	
STREET ADDRESS	1501 Airway Circle	
CITY - ST - ZIP	New Smyrna Beach, FL 32168	
TITLE	manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Jonic	
STREET ADDRESS	1501 Airway Circle	
CITY - ST - ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: LJ Rahm DATE 04-30-07 386-426-7795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #