

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023243

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** DON LARSON & ASSOCIATES, LLC

**Current Principal Place of Business:**

10443 VIA DEL SOL  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

10443 VIA DEL SOL  
ORLANDO, FL 32817 US

**New Mailing Address:**

**FEI Number:** 58-2672204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGUNDER, KARL A  
830 EYRIE DR.  
STE 5  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

BURGUNDER, KARL A  
1490 SWANSON DRIVE  
STE 200  
OVIEDO, FL 32765 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:** DON E LARSON

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** LARSON, DON E  
**Address:** 10443 VIA DEL SOL  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** MGRM ( ) Delete  
**Name:** LARSON, LAURA L  
**Address:** 10443 VIA DEL SOL  
**City-St-Zip:** ORLANDO, FL 32817 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** DON E LARSON

MGRM

04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date