

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90076 039 \*\*\*\*55.00

**DOCUMENT # L02000030083**

1. Entity Name  
**TWENTY SEVEN, LLC**



Principal Place of Business  
**636 NORTH RIO GRANDE AVENUE  
ORLANDO, FL 32805 US**

Mailing Address  
**636 NORTH RIO GRANDE AVENUE  
ORLANDO, FL 32805 US**

2. Principal Place of Business  
**1100 Town Plaza Court**

3. Mailing Address  
**Same as #2**

Suite, Apt. #, etc.  
**Suite 2010**

Suite, Apt. #, etc.

City & State  
**Winter Springs, FL**

City & State

Zip Country  
**32708 Seminole**

Zip Country

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**48-1284369**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HAGEN, DEBORAH D  
636 NORTH RIO GRANDE AVENUE  
ORLANDO, FL 32805**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HAGEN, DEBORAH D  
STREET ADDRESS 636 NORTH RIO GRANDE AVENUE  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE MGR ☐ Delete  
NAME WILLIAMS, LARRY  
STREET ADDRESS 800 WESTWOOD SQUARE, SUITE E  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #