

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2007 8:00 am**  
**Secretary of State**

08-15-2007 90025 021 \*\*\*\*50.00

DOCUMENT # L03000005066

1. Entity Name

KORSHAK MANAGEMENT COMPANY, LLC



Principal Place of Business

8680 COMMODITY CIRCLE  
SUITE 200-B  
ORLANDO, FL 32819

Mailing Address

8680 COMMODITY CIRCLE  
SUITE 200-B  
ORLANDO, FL 32819



07062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

90-0066279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D  
8680 COMMODITY CIRCLE  
SUITE 200-B  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KORSHAK, STEPHEN D  
STREET ADDRESS 8680 COMMODITY CIRCLE, SUITE 200-B  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE MGR  
NAME BEAULIEU, R. NIEL  
STREET ADDRESS 2345 SAND LAKE ROAD, SUITE 120  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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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 of 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #