2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L03000030604

Entity Name: VAUGHAN REALTY GROUP, L.L.C.

Current Principal Place of Business:

6770 WEST STATE ROAD 46
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6770 WEST STATE ROAD 46
SANFORD, FL 32771

New Mailing Address:

FEI Number: 57-1183795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VAUGHAN, RICHARD
Address: 6900 SOUTH SYLVAN LK DR
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: VAUGHAN, ROBERT
Address: 682 GLADVIEW DR
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: VAUGHAN, JAMES
Address: 450 LAKE SYBELIA DR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VAUGHAN, RICHARD
Address: 6900 SOUTH SYLVAN LK DR
City-St-Zip: SANFORD, FL 32771

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: RICHARD R VAUGHAN MGRM 01/08/2007

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