


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90359 047 \*\*\*\*50.00

<b>DOCUMENT # L03000036002</b> 1. Entity Name 5150 SO FLA (D), LLC					
Principal Place of Business 5150 S FLORIDA AVE STE 319 LAKELAND, FL 33813			Mailing Address PO BOX 5078 LAKELAND, FL 33807		
2. Principal Place of Business - No P.O. Box # 5120 S. Florida Ave.		3. Mailing Address Suite, Apt. #, etc. Ste. 318			
City & State Lakeland, FL		City & State City & State		4. FEI Number 20-0251455	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WENDEL, JOHN F 225 E LEMON ST STE 300 LAKELAND, FL 33801				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 336 W. Highland Dr. City Lakeland FL Zip Code 33813	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, JOHN F 225 E LEMON ST, STE 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	336 W. Highland Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, ALBERT G 5150 S FLORIDA AVE., SUITE 319 LAKELAND, FL 33813 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5120 S. Florida Ave. Ste. 318 Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Albert G. Wendel</u> <b>ALBERT G. WENDEL</b> <u>4/30/07</u> <u>863/860-5937</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					