2007 LIMITED LIABILITY COMPANY

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. ANNUAL REPORT				Jan 17, 2007 08:00		
1. Entity Nan	MENT # L03000038			S	ecretary of Sta	
Principal Place of Business 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 Mailing Address 600 COURTLAND STREET, SUI ORLANDO, FL 32804 ORLANDO, FL 32804			ITE 110	 	5 8 658 8 510 6 6510 5 10510 5 1080 5 1080 6 5 108	
		49.		01102007 No Chg-LLC	CR2E083 (11/05)	
	O NOT WRITE	IN THIS SPA	CE		·	
, .				4. FEI Number 20-1206612	Applied For Not Applicable	
* *				5. Certificate of Status Desired	S5.00 Additional Fee Required	
·	6. Name and Address of Current	Registered Agent	52 * 34 C	and the second of the second o		
OSWALD, DOUGLAS W			, , , , , , , , , , , , , , , , , , ,	DO NOT W	RITE	
600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804			2	the state of the s	the second secon	
			* P	IN THIS SP	ACE	
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8. The above the obligat	named entity submits this statement for tions of registered agent	r the purpose of changing its register	red office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed page of registered agent a	and title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2007			U000 01/17/0	00588143 7-80061-002 55.00	
9.	MANAGING MEMBE	RS/MANAGERS				
TITLE NAME	MGRM KOLOZS, CAROL			in the second of		
STREET ADDRESS	1606 ALABAMA WAY		,	10 m		
CITY-ST-ZIP	WINTER PARK, FL 32789				and the second s	
TITLE NAME				20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
STREET ADDRESS				· · ·		
CITY - ST-ZIP						
TITLE			• • • • • • • • • • • • • • • • • • • •			
NAME STREET ADDRESS						
CITY-ST-ZIP				DO NOT W	RITE	
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CITY-ST-ZIP						
TITLE				The state of the s	A Committee of the Comm	
NAME				and the second s		

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 accorde 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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

Daytime Phone #