2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044690

Name:

Address:

City-St-Zip:

WINGO, DEBRA L

3028 S TANNER RD.

ORLANDO, FL 32820

Entity Name: FLORASOTA HOLDINGS, LLC

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1801 SANDY CREEK LANE SUITE 200 1801 SANDY CREEK LANE ORLANDO, FL 32826 SUITE 200 ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** 1801 SANDY CREEK LANE SUITE 200 ORLANDO, FL 32826 FEI Number: 20-0358175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINGO, JAMES C JR 3028 S TANNER RD. US ORLANDO, FL 32820 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ORAK, KEVIN J Name: Name: Address: 309 MOODY BLVD. SUITE 200 Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ORAK, DIANE M Name: Address: 309 MOODY BLVD, SUITE 200 Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WINGO, JAMES C JR Name: Name: 3028 S. TANNER RD. Address: Address: City-St-Zip: ORLANDO, FL 32820 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA L WINGO MGMR 07/24/2007