

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90361 006 \*\*\*\*50.00

40112843



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number **58-2681376** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**DOCUMENT # L03000047056**

1. Entity Name  
**LANGHAM ENTERPRISES, LLC**



Principal Place of Business Mailing Address  
**1956 GRAY COURT The Villages, FL 32162**  
**1956 GRAY COURT The Villages, FL 32162**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**LANGHAM, ILENE**  
~~262 CYPRESS POINT DRIVE PALM BEACH GARDENS, FL 33418~~  
**1956 GRAY COURT The Villages, FL 32162**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANGHAM, ILENE	
STREET ADDRESS	1956 GRAY COURT	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OWEN, DOUGLAS	
STREET ADDRESS	1956 GRAY COURT	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** *Ilene Langham* MGRM **4/28/06 352-753-5722**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #