

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000056385**

**1. Entity Name**  
**AMRHEIN FAMILY LIMITED LIABILITY COMPANY**



**Principal Place of Business**  
**575 ECON RIVER PLACE**  
**OVIEDO, FL 32765**

**Mailing Address**  
**575 ECON RIVER PLACE**  
**OVIEDO, FL 32765**



04192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2277766**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**AMRHEIN, JAMES A**  
**575 ECON RIVER PLACE**  
**OVIEDO, FL 32765**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>AMRHEIN, JAMES A</b>
<b>STREET ADDRESS</b>	<b>575 ECON RIVER PLACE</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>AMRHEIN, JACQUELINE M</b>
<b>STREET ADDRESS</b>	<b>575 ECON RIVER PLACE</b>
<b>CITY-ST-ZIP</b>	<b>OVIEDO, FL 32765</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/02/07-80128-014 50.00

**DO NOT WRITE  
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**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:** Jacqueline M. Amrhein/Jacqueline M. Amrhein 4/18/07 407-971-8280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #