


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90335 022 \*\*\*\*50.00

<b>DOCUMENT # L04000003795</b>					
<b>1. Entity Name</b> FIRST PURPOSE, LLC					
<b>Principal Place of Business</b> 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750			<b>Mailing Address</b> 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0600329	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BILELLO, JOSEPH J 100 CROWN OAK CENTRE DRIVE LONGWOOD, FL 32750			Name <u>Leisa Bilello</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Crown Oak Centre Lane</u> City <u>Longwood</u> <u>FL</u> Zip Code <u>32750</u>		
<b>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.</b>					
SIGNATURE <u>Leisa Bilello</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<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	MGR BIEILU, JOSEPH J. 100 CROWN OAK CENTRE DR LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bilello, Leisa 100 Crown Oak Centre Dr Longwood FL 32750 <input checked="" 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	
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<b>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: <u>Leisa Bilello</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4-27-07</u> <u>407-463-5417</u> <small>Date Daytime Phone #</small>		

60047503



04262007 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
20-0600329

Applied For  
Not Applicable

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

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

**7. Name and Address of New Registered Agent**

BILELLO, JOSEPH J  
100 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

Name Leisa Bilello  
Street Address (P.O. Box Number is Not Acceptable)  
100 Crown Oak Centre Lane  
City Longwood FL Zip Code 32750

**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 Leisa Bilello

4-27-07

Signature, typed or printed name of registered agent and title if applicable.

(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**

**10. ADDITIONS/CHANGES**

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STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BIEILU, JOSEPH J.  
100 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Bilello, Leisa  
100 Crown Oak Centre Dr  
Longwood FL 32750 ☒ Change ☐ Addition

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SIGNATURE: Leisa Bilello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-07 407-463-5417  
Date Daytime Phone #