

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020435

FILED
Jul 11, 2007
Secretary of State

Entity Name: PICKET FENCE REALTY, LLC

Current Principal Place of Business:

5477 W IRLO BRONSON HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

9757 CAMBERLEY CIRCLE
ORLANDO, FL 32836

Current Mailing Address:

5477 W IRLO BRONSON HWY
KISSIMMEE, FL 34746

New Mailing Address:

9757 CAMBERLEY CIRCLE
ORLANDO, FL 32836

FEI Number: 20-0885505 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:

WHITE, JON H MEMBER
5326 FAYWOOD CT
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CONWAY, SIMON L MEMBER
9757 CAMBERLEY CIRCLE
ORLANDO, FL 32836 US

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: SIMON L CONWAY

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE, JON H
Address: 5326 FAYWOOD CT
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: CONWAY, SIMON L
Address: 9757 CAMBERLEY CIRCLE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SIMON L CONWAY

MR

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date