

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L04000033934	
1. Entry Name GENERAL DRIVE HOLDINGS, LLC	
Principal Place of Business 365 TAFT-VINELAND RD. SUITE 105 ORLANDO, FL 32824	Mailing Address 365 TAFT-VINELAND RD. SUITE 105 ORLANDO, FL 32824



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1076551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741**

**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 signing with and accepting the obligations of registered agent.

SIGNATURE _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, JOHN H 2645 CHEROKEE ROAD ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, JOHN B 2645 CHEROKEE ROAD ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADISON, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALIFOUX, DEBBE R 6105 LAKE LIZZIE DR SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/24/07-80051-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Debbe R. Chalifoux
4/30/07

407-908-5732