FILED. 4M

	ANNUAL		T	Jan J	19, 2007	08:00
1. Entity Nar	MENT # L040000402	259		Section 1	ecretary (of State
2860 GOLD	ce of Business ENROD DRIVE KK, FL 32792	Mailing Address 2860 GOLDENROD DRIVE WINTER PARK, FL 32792		<u>.</u> -		
	O NOT WRITE	IN THIS SPA	CE	01152007No Chg-LLC 4. FEI Number 20-1236983		Applied For Not Applicable
				5. Certificate of Status Desired	□ \$5.00 A	Additional
	6. Name and Address of Current R TODD DENROD DRIVE PARK, FL 32792	egistered Agent		DO NOT W IN THIS SF	沙克斯亚克斯拉克 化贫口	
the obligation of the obligati	Signatura, typed or printed name of registered agent and	** *** <u> </u>	red office or registere ed Agent signature required		orida. I am familiar wi	th, and accept
D	iling Fee is \$50.00 ue by May 1, 2007			U00000 -01/22/07	593021 -80015-010 5	0.00
9.	ue by May 1, 2007 MANAGING MEMBER	S/MANAGERS	, , , , , , , , , , , , , , , , , , ,	000000 -01/22/07 المراجعة المراجعة المرجعة الم	593021 80015-010 5	0.00 <u>*</u> 34.33
	ue by May 1, 2007 	S/MANAGERS		U00000 01/22/07-	593021 80015-010 5	0.00
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ANDREW, TODD 2860 GOLDENROD DRIVE	S/MANAGERS		01/22/07-	593021 80015-010 5	0. Cro
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ANDREW, TODD 2860 GOLDENROD DRIVE	S/MANAGERS		01/22/07- DO NOT W		0.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM ANDREW, TODD 2860 GOLDENROD DRIVE	S/MANAGERS			RITE	0.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ANDREW, TODD 2860 GOLDENROD DRIVE	S/MANAGERS		DO NOT W	RITE	0.00

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: _ 1-17-07 407 681 707 0

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