

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90152 043 \*\*\*\*50.00

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| DOCUMENT # L04000064519  |                          |  |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|--|--------------------------|--|--|---|---|------------------------------|--|--|-------------------------|--|--|-------|-----|---------------------------------|-------|--|---|------|------------------|--|------|--|--|----------------|-----------------|--|----------------|--|--|-----------------|--------------------------|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|
| 1. Entity Name<br><b>RUSS NOYES, LLC</b>   |                          |  |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Principal Place of Business<br><b>403 MURPHY ROAD<br/>WINTER SPRINGS, FL 32708</b>   |                          |  | Mailing Address<br><b>403 MURPHY ROAD<br/>WINTER SPRINGS, FL 32708</b> |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1225 Bennett DR.</b>  |                          | 3. Mailing Address<br><b>PO Box 521387</b>   |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.<br><b>Suite # 138</b>  |                          | Suite, Apt. #, etc.  |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State<br><b>Longwood FL.</b>  |                          | City & State<br><b>Longwood FL</b>   |  | 4. FEI Number<br><b>20-1516607</b>  |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip<br><b>32750</b>  |                          | Country<br><b>Seminole</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NOYES, RUSSELL L<br/>403 MURPHY ROAD<br/>WINTER SPRINGS, FL 32708</b>  |                          | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                          |  |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                          | <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGR</td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">NOYES, RUSSELL L</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">403 MURPHY ROAD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">WINTER SPRINGS, FL 32708</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </tbody> </table> |                          |  |  |   |   | 9. 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| TITLE  | MGR                      | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   | NOYES, RUSSELL L         |  | NAME   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | 403 MURPHY ROAD          |  | STREET ADDRESS   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | WINTER SPRINGS, FL 32708 |  | CITY - ST - ZIP  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                          |  | NAME   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                          |  | CITY - ST - ZIP  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                          |  | NAME   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                          |  | CITY - ST - ZIP  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                          |  | NAME   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                          |  | CITY - ST - ZIP  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                          | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                          |  | NAME   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                          |  | STREET ADDRESS   |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                          |  | CITY - ST - ZIP  |   |   |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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: <u><i>Russ Noyes</i></u>  |                          |  | Date: <u>4/9/07</u>  |   | Daytime Phone #: <u>407-388-7700</u>                              |                              |  |  |                         |  |  |       |     |                                 |       |  |   |      |                  |  |      |  |  |                |                 |  |                |  |  |                 |                          |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |