2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083379

1. Entity Name FOX 532, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

4776 NEW BROAD ST

ORLANDO, FL 32814

Mailing Address

4776 NEW BROAD ST

250

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ORLANDO, FL 32814



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1897757

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signalure, typed or printed name of registered again and the if applicable

GODWIN, LARRY 4776 NEW BROAD ST **SUITE 250** ORLANDO, FL 32814

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or pollh, in the State of Florida. I am familiar with, and accept
	the opligations of registered agent.
e1	CNATIDE

(HGTE: Registered Agent Agent agenture required when rejustating)

Filing Fee is \$50.00 Due by May 1, 2007

000000738180 05/11/07-80049-016_50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GODWIN, LARRY	
STREET ADDRESS	4776 NEW BROAD ST SUITE 250	
CITY - ST - ZIP	ORLANDO, FL 32814	
TITLE		
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		
NAME		
STREET ADORESS		
CITY ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	•	
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify to the sindicated on this report is true and accurate and that my signature shall have the st		

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upplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information course 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 or trustee employered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the recei

SIGNATURE:

NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE