2007 LIMITED LIABILITY CGMPANY ANNUAL REPORT

Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # L04000083682 1. Entity Name **FOX 192, LLC** Principal Place of Business Mailing Address 4776 NEW BROAD ST 4776 NEW BROAD ST ORLANDO, FL 32814 ORLANDO, FL 32814 04242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1897713 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GODWIN, LARRY DO NOT WRITE 4776 NEW BROAD ST **SUITE 250** IN THIS SPACE ORLANDO, FL 32814 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_ Signalure, typed or printed name of required agent and the Lappicable, ONOTE: Benizational Agent Arganitive regulated when schoolstopping DATE Filing Fee is \$50.00 Due by May 1, 2007 U00000738187 05/11/07-80049-023 50.00 9. MANAGING MEMBERS/MANAGERS ππε 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 ПΠЕ NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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 senature 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 of trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

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407-628-4005

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