


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000093234</b>		
1. Entity Name <b>FOURTEEN LLC</b>		
Principal Place of Business <b>14 E. WASHINGTON ST. SUITE 302 ORLANDO, FL 32801</b>		Mailing Address <b>P.O. BOX 500 ORLANDO, FL 32802</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WOLFE, CLAUDE 14 E. WASHINGTON ST., SUITE 600 ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, CLAUDE 14 E WASHINGTON ST, STE 600 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARCHET, CORBIN 14 E WASHINGTON ST, STE 600 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS 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 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: <i>Paul Wolfe</i> <i>Corbin Sarchet</i> <i>Jan 10 2007</i> <i>9076489636</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>32-0135226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

UD0000584762  
01/12/07-80052-001 50.00

**DO NOT WRITE  
IN THIS SPACE**