

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 21 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000013421

1. Entity Name  
CENTRAL FLORIDA COMMUNICATIONS LIMITED  
LIABILITY COMPANY



Principal Place of Business  
2790 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

Mailing Address  
2790 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738



09052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERS, MICHAEL J  
2790 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PETERS, MICHAEL J TRUSTEE  
2790 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PETERS, KAREN TRUSTEE  
2790 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
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CITY - ST - ZIP

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DO NOT WRITE  
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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: Michael J. PETERS

9/6/07

386-789-8040

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

Date

Daytime Phone #