

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018831

Entity Name: AMSFORD, LLC

FILED  
Jan 15, 2007  
Secretary of State

## Current Principal Place of Business:

5603 COMMERCE DRIVE, UNIT 1  
ORLANDO, FL 32839

## New Principal Place of Business:

520 N. SEMORAN BLVD.  
SUITE 255  
ORLANDO, FL 32807

## Current Mailing Address:

5603 COMMERCE DRIVE, UNIT 1  
ORLANDO, FL 32839

## New Mailing Address:

520 N. SEMORAN BLVD.  
SUITE 255  
ORLANDO, FL 32807

FEI Number: 51-0548221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTES, CARL D ESQ  
3751 MAGUIRE BLVD., UITE 104  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

MOTES, CARL D ESQ  
605 E. ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 US

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.

SIGNATURE: CARL D. MOTES

01/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARCANUM, LLC,  
Address: 5603 COMMERCE DRIVE, UNIT 1  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete  
Name: MOTES, CARL D  
Address: 1072 LAKE BALDWIN LN  
City-St-Zip: ORLANDO, FL 32814

Title: MGRM ( ) Delete  
Name: MARSHALL, WILLIAMS J  
Address: 475 BONIFAY AVE  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ARCANUM, LLC,  
Address: 520 N. SEMORAN BLVD, SUITE 255  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARL D. MOTES

MGRM

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date