

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020396

Entity Name: INKLING ENTERPRISES, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

1502 MAGNAVOX WAY, SUITE 260  
FORT WAYNE, IN 46804

**New Principal Place of Business:**

6624 CONSTITUTION DRIVE  
FORT WAYNE, IN 46804

**Current Mailing Address:**

P.O. BOX 5833  
DELTONA, FL 32728

**New Mailing Address:**

537 DELTONA BLVD  
DELTONA, FL 32725

FEI Number: 20-2413516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUTCHINS, ROBERT J  
1515 INTERNATIONAL PARKWAY, SUITE 2001  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PLAKON, D. SCOTT  
Address: 537 DELTONA BLVD., SUITE 100  
City-St-Zip: DELTONA, FL 32725

Title: MGR (X) Delete  
Name: IMBRENDA, PHILLIP  
Address: 223 E. MAIN STREET  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HIGH COUNTRY MANAGEM, ENT COMPANY  
Address: 537 DELTONA BLVD  
City-St-Zip: DELTONA, FL 32725

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

I hereby certify that the information supplied with this filing does not qualify 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: D. SCOTT PLAKON

P

05/01/2007

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