## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000021323

LORÓSTOWN, LLC



**FILED** Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

2634 SOPHIA COURT GREEN COVE SPRINGS, FL 32043 Mailing Address 2634 SOPHIA COURT GREEN COVE SPRINGS, FL 32043



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01082007 No Chg-LLC Applied For 4. FEI Number Not Applicable 20-3103735

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33311

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<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent</li> </ol>	inging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00		

Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, MIKE 2634 SOPHIA CT GREEN COVE SPRINGS, FL 32043			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				

U00000605499 01/30/07-80038-015 50.00

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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: $\mathcal{H}$	m-J.	Jullianser	1/23/07		
	R PRINTED NAME OF SIGN	ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	E'	Date	Daytime Phone #