


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90339 033 ****50.00

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|---------------------------------------|---|
| DOCUMENT # L05000031147 |  |
| 1. Entity Name 4507 HURD AVE., LLC | |

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| Principal Place of Business 4311 ANDERSON RD ORLANDO, FL 32812 | Mailing Address 4311 ANDERSON RD ORLANDO, FL 32812 |
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| 2. Principal Place of Business - No P.O. Box # * 3641 WATERS Edge Dr Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 560957 Suite, Apt. #, etc. |
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|----------------------------|----------------------------|
| City & State Orlando FL | City & State Orlando FL |
| Zip 32812 | Zip 32856 |
| Country | Country |

04232007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 55-0895952 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPENCER, STEVEN A 1900 E. ROBINSON ST. ORLANDO, FL 32803 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOULDER, PAMELA J 3461 WATER EDGE DR. ORLANDO, FL 32812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOULDER, CHARLES L 3461 WATER EDGE DR. ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Pamela J Goulder 4/23/07 407-948-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #