

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034472

**FILED**  
**Feb 06, 2007**  
**Secretary of State**

**Entity Name:** JOHNATHAN ALBRIGHT FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

790 S. CONWAY ROAD  
SUITE C  
ORLANDO, FL 32807

**New Principal Place of Business:**

5015 NASSUA CIRCLE  
ORLANDO, FL 32808

**Current Mailing Address:**

790 S. CONWAY ROAD  
SUITE C  
ORLANDO, FL 32807

**New Mailing Address:**

5015 NASSAU CIRCLE  
ORLANDO, FL 32808

**FEI Number:** 20-2617239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBRIGHT, JOHNATHAN  
790 S. CONWAY ROAD  
SUITE C  
ORLANDO, FL 32807 US

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

ALBRIGHT, JOHNATHAN  
5015 NASSAU CIRCLE  
ORLANDO, FL 32808 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:** JW ALBRIGHT

02/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ALBRIGHT, JOHNATHAN  
**Address:** 790 S. CONWAY ROAD, STE C  
**City-St-Zip:** ORLANDO, FL 32807

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** ALBRIGHT, JOHNATHAN  
**Address:** 5015 NASSAU CIRCLE  
**City-St-Zip:** ORLANDO, FL 32808

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:** JOHNATHAN ALBRIGHT

MGR

02/06/2007

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