

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039912

FILED
Jan 09, 2008
Secretary of State

Entity Name: CANAL LLC

Current Principal Place of Business:

728 MONROE RD
SANFORD, FL 32771

New Principal Place of Business:

575 N. ELDER ROAD
SANFORD, FL 32771 US

Current Mailing Address:

PO BOX 471206
LAKE MONROE, FL 32747

New Mailing Address:

PO BOX 471206
LAKE MONROE, FL 32747 US

FEI Number: 20-2675775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAY, HEATHER
30913 BUTTERCUP LANE
MOUNT DORA, FL 32757 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: MGRM () Delete
Name: GARTH A. SCHWEIZER R, EV TR 10/19/20 0 5
Address: PO BOX 471206
City-St-Zip: LAKE MONROE, FL 32747

Title: MGRM () Delete
Name: SCHWEIZER, KEVIN
Address: 880 CATFISH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARTH A. SCHWEIZER R, EV TR 10/19/20 0 5
Address: PO BOX 471206
City-St-Zip: LAKE MONROE, FL 32747 US

Title: MGRM (X) Change () Addition
Name: SCHWEIZER, KEVIN
Address: 880 CATFISH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: GARTH A SCHWEIZER

MGRM

01/09/2008

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