

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045269

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA SWIRL, LLC

**Current Principal Place of Business:**

126 LISA LOOP  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 195608  
WINTER SPRINGS, FL 327195608 US

**New Mailing Address:**

FEI Number: 86-1137992      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:**

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

THRELKELD, JAMES G JR  
126 LISA LOOP  
WINTER SPRINGS, FL 32708      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: THRELKELD, JAMES G JR  
Address: 126 LISA LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM      ( ) Delete  
Name: THRELKELD, LYNN E  
Address: 126 LISA LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

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

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: JAMES G. THRELKELD JR

MGRM

05/01/2007

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