

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 022 ****50.00

DOCUMENT # L05000047743

1. Entity Name
TORCH PARK, LLC



Principal Place of Business
**9426 BARRINGTON OAKS DR.
DOVER, FL 33527**

Mailing Address
**9426 BARRINGTON OAKS DR.
DOVER, FL 33527**

2. Principal Place of Business - No P.O. Box #
10201 US Hwy 27 South
Suite, Apt. #, etc.

3. Mailing Address
P O Box 120966
Suite, Apt. #, etc.

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34711

Country
USA

Zip
34712

Country
USA

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
06-1746307

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, WAYMON W JR.
9426 BARRINGTON OAKS DR.
DOVER, FL 33527**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1677 Turnstone Way

City
Clermont

FL

Zip Code
34711

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:

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMAS, WAYMON W JR.
9426 BARRINGTON OAKS DR.
DOVER, FL 33527** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRUSTY, RODREICK L
7921 INDIANHOUSE LANE
GROVELAND, FL 34736** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RIGGS, KEITH A
11169 HYNNE RD
BRIGHTON, MI 48114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1677 Turnstone Way
Clermont, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07 (352) 227-9821
Date Daytime Phone #