

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000059268

Entity Name: TRANS FLORIDIAN, LLC

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1010 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3700 COMMERCE BLVD.  
SUITES 106W-105W-138W  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

1010 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741

**New Mailing Address:**

3700 COMMERCE BLVD.  
SUITES 106W-105W-138W  
KISSIMMEE, FL 34741 US

FEI Number: 20-2884079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAKE, BETTE  
1010 N. HOAGLAND BLVD  
KISSIMMEE, FL 34741 US

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

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 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: WILLIAM P. WEATHERFORD, JR.

11/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DRAKE, BETTE  
Address: 1010 N. HOAGLAND BLVD  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SOUTHON, DAVID  
Address: 3222 CORRINE DRIVE, SUITE 1  
City-St-Zip: ORLANDO, FL 32803 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: DAVID SOUTHON

MGR

11/05/2007

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