

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2007 8:00 am
Secretary of State

02-19-2007 90198 045 ****50.00

DOCUMENT # L05000062440	
1. Entity Name CONNELL MANAGEMENT, L.L.C. ✓	

Principal Place of Business 2317 SWEETWATER COUNTRY CLUB PLACE DRIVE APOPKA, FL 32712	Mailing Address 2317 SWEETWATER COUNTRY CLUB PLACE DRIVE APOPKA, FL 32712
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8988572	Applied For <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PILCHER, DAVID ESQUIRE
ESTATE PLANNING AND LEGACY LAW CENTER, PLC
159 LOOKOUT PLACE, SUITE 101
MAITLAND, FL 32751-4486**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME PETTICREW, DOROTHY C			NAME		
STREET ADDRESS 2317 SWEETWATER COUNTRY CLUB PLACE DRIVE			STREET ADDRESS		
CITY - ST - ZIP APOPKA, FL 32712			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 606, Florida Statutes.

SIGNATURE *Dorothy C. Petticrew* *2-12-07*
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

3000733A

#FL05000062440

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-8988572 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested CONNELL MANAGEMENT LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2317 SWEETWATER COUNTRY CLUB PLACE			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code APOPKA FL 32712 -			5b City, state, and ZIP code		
6* County and state where principal business is located County ORANGE State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor DOROTHY C PETTICREW			7b* SSN, ITIN, EIN 364-68-9808		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE MANAGEME <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JUN 17 2005			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶				Agriculture 0	Household 0
				Other 0	
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Other (specify)					
<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. MANAGEMENT OF RENTAL REAL ESTATE					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee Designee's name LONNIE H LACY Address and ZIP code 617 E COLONIAL DR ORLANDO FL 32803 -		Designee's telephone number (include area code) (407) 896 - 8021 Designee's fax number (include area code) (407) 896 - 8601			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					Applicant's telephone number (include area code)