

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080036

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: 4669 WEST IRLO BRONSON HIGHWAY LLC

## Current Principal Place of Business:

4669 W IRLO BRONSON HWY  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

28801 S.W. 157 AVENUE  
HOMESTEAD, FL 33033

## New Mailing Address:

FEI Number: 04-3823497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSS-FITZGERALD, ABIGAIL  
1111 BRICKELL AVENUE, STE. 2500  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

COMMUNITY BANK OF FLORIDA  
28801 SW 157 AVE  
HOMESTEAD, FL 33030 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: ROBERT L EPLING

03/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: S ( ) Delete  
Name: COMMUNITY BANK OF FL, ORIDA, INC  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: P ( ) Delete  
Name: EPLING, ROBERT L  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete  
Name: JOHNSON, DENNIS  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete  
Name: WEISMAN, JERRY  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete  
Name: YANUS, AMBUR  
Address: 28801 SW 157TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES:

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

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

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

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 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: ROBERT L EPLING

P

03/23/2007

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