

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080760

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** DO & NGUYEN, L.L.C.

**Current Principal Place of Business:**

14813 CEDAR BRANCH WAY  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

2901 PARKWAY BLVD.  
B3  
KISSIMMEE, FL 34747 US

**Current Mailing Address:**

14813 CEDAR BRANCH WAY  
ORLANDO, FL 32824 US

**New Mailing Address:**

2901 PARKWAY BLVD.  
B3  
KISSIMMEE, FL 34747 US

FEI Number: 72-1615724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DO, TIEN P  
14813 CEDAR BRANCH WAY  
ORLANDO, FL 32824 US

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

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: MGR ( ) Delete  
Name: DO, TIEN P  
Address: 14813 CEDAR BRANCH WAY  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGR ( ) Delete  
Name: NGUYEN, CAROLYN T  
Address: 14813 CEDAR BRANCH WAY  
City-St-Zip: ORLANDO, FL 32824 US

**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 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: CAROLYN T. NGUYEN

MGR

04/24/2007

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