

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90025 015 \*\*\*\*55.00

**60032436**



02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3375721** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

MILLER, SOUTH, MILHAUSEN & CARR, P.A.  
C/O JEFFREY P. MILHAUSEN, ESQ.  
2699 LEE ROAD, SUITE 120  
WINTER PARK, FL 32789

## 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 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 **MGR** ☐ Delete  
NAME **LYNCH, J. CRAIG**  
STREET ADDRESS **7575 DR. PHILLIPS BLVD., SUITE 210**  
CITY-ST-ZIP **ORLANDO, FL 32819**

## 10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 608, Florida Statutes.

**SIGNATURE:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_