2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000085628

1. Entity Name

ADVANTAGE REALTY OF CENTRAL FLORIDA, LLC



Principal Place of Business

ROGER G. LEE, MEMBER 1585 N. NOVA RD. HOLLY HILL, FL 32117-3048 Mailing Address

ROGER G. LEE, MEMBER 1585 N. NOVA RD. HOLLY HILL, FL 32117-3048 FILED Apr 11, 2007 08:00 A Secretary of State



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
20-3385804			Not Applicable
5. Certificate of Status Desire	d 🗆	\$5.00 Fee Re	Additional guired

6. Name and Address of Current Registered Agent

LEE, ROGER 175 DEER LAKE CIRCLE ORMOND BEACH, FL 32174

the obligations of registered agent

SIGNATURE:

DO NOT WRITE IN THIS SPACE

07

*38*6 252 -6780

Davime Phone #

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DAYE
	iling Fee is \$50.00 ue by May 1, 2007	(NOTE: registred Agent signature radurad when reinstativity)	DATE
9.	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, ROGER 175 DEER LAKE CIRCLE ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000699115 19/07-80029-021 50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE .
TITLE NAME STREET ADDRESS' CITY'ST-ZIP +	The subject of the su		
NAME STREET ADDRESS CITY-ST-ZIP	the state of the s	The same of the sa	Mary San
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature si billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Sta hall have the same legal effect as if made under oath; that I am cute this report as required by Chapter 608, Florida Statutes.	atutes. I further certify that the information in a managing member or manager of the

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