

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90133 042 ****50.00

DOCUMENT # L05000102932

1. Entity Name
K.F. VAIL FAMILY PROPERTIES, LLC



Principal Place of Business

~~617 E COLONIAL DRIVE~~
~~ORLANDO, FL 32803~~

1100 S ORLANDO AVE #778
MAITLAND FL 32751

Mailing Address

~~617 E COLONIAL DRIVE~~
~~ORLANDO, FL 32803~~

1100 S ORLANDO AVE #778
MAITLAND FL 32751



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3353422

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENNING, MERVIN D
~~617 EAST COLONIAL DRIVE~~ 1100 S ORLANDO AVE #778
~~ORLANDO, FL 32803~~ MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

Mervin D. Henning
Signature, typed or printed name of registered agent and title if applicable.

MERVIN D. HENNING, MANAGER
(NOTE: Registered Agent signature required when reinstating)

1/5/05
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HENNING, MERVIN D
STREET ADDRESS ~~617 E COLONIAL DRIVE~~ 1100 S ORLANDO AVE #778
CITY-ST-ZIP ~~ORLANDO, FL 32803~~ MAITLAND, FL 32751

TITLE MGR
NAME CHRISTIAN, DEANNA H
STREET ADDRESS 43 THE DOWNS
CITY-ST-ZIP TUSCALOOSA, AL 35401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Mervin D. Henning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
MERVIN D. HENNING

1/5/07
Date

407-598-2890
Daytime Phone #