

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90381 001 \*\*\*\*50.00

60049503



01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3737114** ☐ Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

VARGAS, RAUL A  
2627 BELLEWATER PLACE  
OVIEDO, FL 32765

## 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

Signature of the current registered agent is required.

(If the registered agent is a corporation, its signature is required.)

DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                       |                                 |
|------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGRM<br>VARGAS, RAUL A<br>2627 BELLEWATER PLACE<br>OVIEDO, FL 32765   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>VARGAS, ALFONSO C<br>5300 LAZY OAKS LANE<br>ORLANDO, FL 32839  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>VARGAS, RAUL A<br>349 RIVER CHASE DRIVE<br>ORLANDO, FL 32807   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>FERSTADT, HUGO E<br>349 RIVER CHASE DRIVE<br>ORLANDO, FL 32807 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                       | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

|                                                |                    |                                                                              |
|------------------------------------------------|--------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VARGAS, RAUL A JR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VARGAS, RAUL A SR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

RAUL A. VARGAS MGRM 01/26/2007 407-466-6718