



FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90058 039 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000115787		
1. Entity Name 11TH HOUR CONVENTION SERVICES, LLC		
Principal Place of Business 135 WEST CENTRAL BLVD. SUITE 730 ORLANDO, FL 32801		Mailing Address 135 WEST CENTRAL BLVD. SUITE 730 ORLANDO, FL 32801
2. Principal Place of Business - No P.O. Box # 7823 Southland Blvd (Suite) Apt. #, etc. 203 City & State Orlando, FL Zip 32809 Country Orange	3. Mailing Address 7823 Southland Blvd (Suite) Apt. #, etc. 203 City & State Orlando, FL Zip 32809 Country Orange	 04192007 Chg-LLC CR2E083 (12/06)
4. FEI Number 20-3871987 Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent Name HUTCHINS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1515 INTERNATIONAL PARKWAY SUITE 2001 City LAKE MARY, FL 32746 State FL Zip Code		7. Name and Address of New Registered Agent
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 <u>Brannon Wright</u> (NOTE: Registered Agent signature required when reappointing) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR NAME WRIGHT, BRANNON STREET ADDRESS 135 WEST CENTRAL BLVD. CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME Wright, Brannon WP STREET ADDRESS 368 Hammock Dunes Place CITY-ST-ZIP Orlando, FL 32828 VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME Kuykendall, Cheryl R VP STREET ADDRESS 707 Ironwood Court CITY-ST-ZIP Orlando, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Brannon Wright</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		