

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90008 035 ****50.00

DOCUMENT # L05000117261

1. Entity Name
NEW HAMPSHIRE ONE, LLC



Principal Place of Business
2721 REGENT STREET
ORLANDO, FL 32804

Mailing Address
2721 REGENT STREET
ORLANDO, FL 32804

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 536665



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Orlando FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip
32853

Country

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

6. Name and Address of Current Registered Agent

PULSIFER, THOMAS
2721 REGENT STREET
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name
JOHN J REID
Street Address (P.O. Box Number is Not Acceptable)
401 W. MILLS ST
SUITE 401
City
ORLANDO FL 32803

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/2/07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PULSIFER, THOMAS
2721 REGENT STREET
ORLANDO, FL 32804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY - ST - ZIP
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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

Thomas Pulsifer Thomas Pulsifer

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

7-3-07

Date

407-467-0092

Daytime Phone #