

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90324 001 \*\*\*\*16.00  
05-04-2007 90324 002 \*\*\*\*17.00  
05-04-2007 90324 003 \*\*\*\*17.00

30006822



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4965776** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BROOKS, JOANNA F  
4861 S. ORANGE AVENUE, SUITE B  
ORLANDO, FL 32806

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6040 S. ORANGE AVE**  
City **ORLANDO** FL Zip Code **32809**

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 *Joanna F. Brooks*  
Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

DATE **4/30/07**

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	JOANNA F. BROOKS	6040 S. ORANGE AVE	ORLANDO, FL 32809	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	KAREN A. MUSZYNSKI	6040 S. ORANGE AVE	ORLANDO, FL 32809	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Karen Muszynski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4/30/07** (for) **857-6500**  
Daytime Phone #