2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# L06000003489

Entity Name: 803 VERONA, LLC

Current Principal Place of Business:

17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-4142842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAGRUDER, MICHAEL
203 S. CLYDE AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MAGRUDER, MICHAEL	
Address:	203 S. CLYDE AVENUE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	MAGRUDER, SALLY Y	
Address:	203 S. CLYDE AVENUE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	FOUST, MICHAEL S	
Address:	17 S. ORLANDO AVENUE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	MGR	( ) Delete
Name:	FOUST, KATHLEEN M	
Address:	17 S. ORLANDO AVENUE	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN M. FOUST MGR 06/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date