

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

5/

05-02-2007 90342 048 \*\*\*\*50.00

<b>DOCUMENT # L06000013541</b> 1. Entity Name <b>THE WIEPKING COMPANY, LLC</b>					
Principal Place of Business <b>3159 FOXWOOD DRIVE APOPKA, FL 32703</b>			Mailing Address <b>3159 FOXWOOD DRIVE APOPKA, FL 32703</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03192007</b> Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<input checked="" type="checkbox"/> <b>Not Applicable</b>	
6. Name and Address of Current Registered Agent  <b>SIMS, ARTHUR D II 7512 DR. PHILLIPS BLVD. SUITE 50-303 ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WIEPKING, GARY 3159 FOXWOOD DRIVE APOPKA, FL 32703</b> <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	<b>MGRM WIEPKING, ELAINE S 3159 FOXWOOD DRIVE APOPKA, FL 32703</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Gary Wiepking</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/27/07</b> Daytime Phone <b>407-774-5013</b>		

**30011375**

