2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013568

Address:

City-St-Zip:

127 NAZRA DRIVE

DAVENPORT, FL 33897 US

Entity Name: MICHAELIDES ENTERPRISES, LLC

FILED May 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 127 NAZRA DRIVE 5578 N ORANGE BLOSSOM TRAIL DAVENPORT, FL 33897 US ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 127 NAZRA DRIVE 5578 N ORANGE BLOSSOM TRAIL DAVENPORT, FL 33897 US ORLANDO, FL 32810 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: A H GANTT CPA & ASSOCIATES, PA 3359 W VINE ST 104 KISSIMMEE, FL 34741 US 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: ADDITIONS/CHANGES: MGMR () Delete Title: () Change () Addition O'KEEFE, JULIA M Name: Name: Address: 127 NAZRA DRIVE Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MICHAELIDES, ANTONI Name: 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: ANTONI MICHAELIDES MGR 05/22/2007