

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016705

FILED
Jan 10, 2007
Secretary of State

Entity Name: CORNELL, SWARTZ & HUTCHING, L.L.C.

Current Principal Place of Business:

2553 VALERIA AVENUE
APOPKA, FL 32712

New Principal Place of Business:

2553 VALERIE AVENUE
APOPKA, FL 32712

Current Mailing Address:

P.O. BOX 962
APOPKA, FL 327040962

New Mailing Address:

FEI Number: 59-2333362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHING, JEROME
2553 VALERIA AVENUE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HUTCHING, JEROME
2553 VALERIE AVENUE
APOPKA, FL 32712 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:

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORNELL, HAL D
Address: 105 COTTESMORE CIRCLE EAST
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: HUTCHING, JEROME
Address: 2264 LAKE FRANCIS DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: SWARTZ, THOMPSON P
Address: 1913 WINGFIELD DRIVE
City-St-Zip: LONGWOOD, FL 32779

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME HUTCHING

MGRM

01/10/2007

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