

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. **FILED**
Mar 07, 2007 8:00 am
Secretary of State

02-12-2007 90309 042 *****50.00

DOCUMENT # L06000030466					
1. Entity Name CENTRAL FLORIDA INVESTMENT CLUB, L.L.C.					
Principal Place of Business PO BOX 616241 ORLANDO, FL 32861 US			Mailing Address P.O. BOX 2287 ORLANDO, FL 32802-2287		
2. Principal Place of Business - No P.O. Box # 7724 COVEDALE DR			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State		
Zip 32818	Country Orange	Zip	Country	4. FEI Number 74-3170732	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, RODERICK B 7724 COVEDALE DRIVE ORLANDO, FL 32818				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <u>Roderick B. Scott</u>				DATE <u>1-31-07</u>	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, RODERICK B 7724 COVEDALE DRIVE ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR, JAY C PO BOX 616241 ORLANDO, FL 32861	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, RONALD E SR PO BOX 592593 ORLANDO, FL 32859	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, TAMMY 1124 CORETTA WAY ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, DARYL PO BOX 391417 DELTONA, FL 32739	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Roderick Scott</u> <u>Roderick Scott</u>				Date <u>1-31-07</u> Daytime Phone # <u>407-322-0610</u>	

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