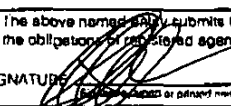
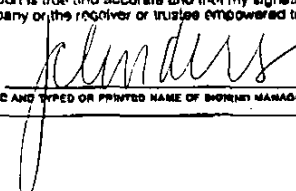


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 008 ****55.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000030709			
1. Entity Name TOC REAL ESTATE LLC			
Principal Place of Business 200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32789		Mailing Address 200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 1069 W Morse Blvd Suite 1 City & State Winter Park, FL Zip 32789		3. Mailing Address 1069 W Morse Blvd Suite 1 City & State Winter Park, FL Zip 32789	
4. FEI Number 74-3170185		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WOLFE, RICHARD C 100 SE SECOND ST SUITE 3300 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Wolfe Richard C Street Address (P.O. Box Number is Not Acceptable) 100 SE Second St. Suite 3300 City Miami FL Zip Code 33131	
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, the registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when reappointing)			
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 LINDERS, JEANNIE 200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Linders, Jeannie 9210 Ridge Pine Trail Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Grant, Joanne C. 1243 Lake Willisara Circle Orlando FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 disclosed 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 808, Florida Statutes.			
SIGNATURE: 		4-27-07 407-478-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SHORTEST MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Positive Power of	