## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000036820

## FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90031 024 \*\*\*\*50.00

Entity Name EVEN BLOSSOMS ORLANDO, LLC.	
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	BLOSSOMS ORLANDO, LLC	,.							
Principal Place of Business 7932 CANYON LAKE CIRCLE ORLANDO, FL 32835		Mailing Address 7932 CANYON LAKE CIR ORLANDO, FL 32835	CLE			70103	<b>20</b> 111 <b>2010 -</b> 1111 -		rizen ili izel
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02122007	Chg-LLC	CR2E	083 (12/06)	
City & Stat	е	City & State			4. FEI Numb	er20-46	5693	•	pplied For
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New	Registered	Agent	-
WU, PAI Y	•		Name	·					
7932 CAN	YON LAKE CIRCLE ), FL 32835		Street	Address (F	P.O. Box Numb	er is Not Acceptat	ole)		
			City				FL	Zip Cod	de
8. The above	named entity submits this statement for	the purpose of changing its r		or register	ed agent, or bo	oth, in the State of F		-	
SIGNATURE				-					
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Registered Agent sign	alure required	when reinstating)		DATE		
		T							
	iling Fee is \$50.00 ue by May 1, 2007						ake check p	payable to nent of Stat	e
	iling Fee is \$50.00		10.			Florid	ake check p da Departn	nent of Stat	8
D	iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBEI  MGRM  WU, PAI Y		10. TITLE NAME	MG	RM , Lu	ADDITION:	ake check p da Departn S/CHANGES	nent of Stat	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBEI MGRM  WU, PAI Y  7932 CANYON LAKE CIRCLE ORLANDO, FL 32835	RS/MANAGERS	10. TITLE	MG	LU	ADDITIONS  ADDITIONS  A C C C C C C C C C C C C C C C C C C	ake check p da Departn S/CHANGES	ent of Stat	
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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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #