## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 14, 2007 8:00 am Secretary of State

A DEAT LAS LAS DAS BLVD.  SURE 1120 FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US  2. Puncipal Packer of Business. No P.O. Box # Surie. Apr. #, etc.	DOCUMENT # L06000049957  1. Entity Name EDIFY CENTRAL FLORIDA, LLC						03-14-2007	90211 0	47 ****5	5.00
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City & State    City & State   City	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Type   Country   Zip   Country   St. Certificate of Status Desired   \$5.00 Additional Foo Receptive   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Address of New Registered Apart   St. Out Applicable   Street Apart   St. O	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007	Chg-LLC	CR2E0	83 (12/06)		
S. Certificate of Status Desired   Foe Required	· · · · · · · · · · · · · · · · · · ·		City & State			4. FEI Number	15 973	9		
TRIPP SCOTT, PA 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301  City  City  City  City  City  City  City  FL  Zip Code  FL  Zip Cod	Zip			Countr	ry	<u> </u>			Fee Require	
TRIPE SCOTT, PA 110 SE 6TH STREET, 1STH FLOOR FORT LAUDERDALE, FL 33301  City FL Zip Code  City FL Zip		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New I	Registered A	\gent	
8. The above named critiny submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SUBMIT   Submits   State   St	110 SE 6T	H STREET, 15TH FLOOR	-		P.O. Box Number	is Not Acceptabl	6)			
THE DELETE OFFICE STREET ADDRESS CITY-ST-ZIP CITY-ST-Z		: 1	City				FL	Zip Code	е	
Filling Fee is \$50.00 Due by May 1, 2007    Make check payable to Findid Department of State   Filling Fee is \$50.00 Due by May 1, 2007   Make Check payable to Findid Department of State   Managing Members / Managers   10.   Addition			r the purpose of changing its r	registered	d office or register	ed agent, or both	, in the State of Fl	orida. I am f	amiliar with,	and accept
### Make check payable to Florida Department of State  ### MANAGING MEMBERS / MANAGERS    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Addition		Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered	Agent signature required	when reinstating)		DATE		
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imided liability company or meyeceiver or this tee empowered to execute this report as required by Chapter 608, Florida Statutes.