
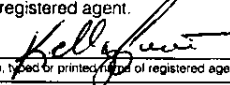
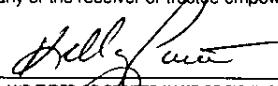


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90158 007 ***138.75

DOCUMENT # L06000063304					
1. Entity Name CENTRAL FLORIDA MIRACLE LEAGUE OF ORLANDO LLC					
Principal Place of Business 605 EAST ROBINSON STREET STE 730 ORLANDO, FL 32801			Mailing Address 605 EAST ROBINSON STREET STE 730 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 9114 GALLEON DR		3. Mailing Address P.O. Box 664			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL 32819		City & State WINTERMEAD, FL		4. FEI Number NOT APPLICABLE	
Zip 32819	Country USA	Zip 34786	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AM&E SERVICES LLC 605 EAST ROBINSON STREET STE 730 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: Kelly Puckett Street Address (P.O. Box Number is Not Acceptable): 9114 GALLEON DR City: Orlando FL Zip Code: 32819		
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:  Kelly Puckett DATE: 4-15-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUV, ARTHUR R 605 EAST ROBINSON STREET, SUITE 730 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER KELLY PUCKETT 9114 GALLEON DR ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Kelly Puckett			4-15-08 407-619-0280		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

50004794



03162008 Chg-LLC CR2E083 (12/06)