

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066925

Entity Name: 100 EAST FAITH, LLC

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

100 EAST FAITH TERRACE  
MAITLAND, FL 32794

## New Principal Place of Business:

100 EAST FAITH TERRACE  
MAITLAND, FL 32751

## Current Mailing Address:

P.O. BOX 940218  
MAITLAND, FL 32794

## New Mailing Address:

FEI Number: 32-0178625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCELYEA, JOHN H  
100 EAST FAITH TERRACE  
MAITLAND, FL 32794 US

## Name and Address of New Registered Agent:

DAVID, TIMOTHY H  
100 EAST FAITH TERRACE  
MAITLAND, FL 32751 US

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.

SIGNATURE: TIMOTHY H. DAVID

04/25/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DAVID, TIMOTHY H  
Address: 100 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32794

Title: MGRM (X) Delete  
Name: DAVID, JOHN H  
Address: 100 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32794

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DAVID, TIMOTHY H  
Address: 100 EAST FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY H. DAVID

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date