

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 27, 2007  
Secretary of State**

DOCUMENT# L06000068079

Entity Name: EPISCOPAL ORTHODOX CHURCH, LLC

**Current Principal Place of Business:**

531 S. STATE ROAD 434, SUITE 2005  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

531 S. STATE ROAD 434, SUITE 2005  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GERTH, ANGEL  
613 SPRUCEWOOD CIRCLE  
ALTAMONTE SPRINGS,, FL 32714      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Delete  
Name:                      SCHWEIZER, BRUCE  
Address:                      531 S. STATE ROAD 434, SUITE 2005  
City-St-Zip:                      ALTAMONTE SPRINGS, FL 32714

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: BRUCE SCHWEIZER

MGR

07/27/2007

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