

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90178 024 \*\*\*\*50.00

00030277



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3938249 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102

## 7. Name and Address of New Registered Agent

Name Truong LE  
Street Address (P.O. Box Number is Not Acceptable)  
5050 Oak Tours Dr  
City Orlando FL Zip Code 32839

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 Truong LE

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/2007  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LE, MY-TRAM	
STREET ADDRESS	5050 OAK TOURS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LE, MY-VAN	
STREET ADDRESS	5050 OAK TOURS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LE, TRUONG	
STREET ADDRESS	5050 OAK TOURS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	LE, PHAT	
STREET ADDRESS	5050 OAK TOURS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LE, PHUONG	
STREET ADDRESS	5050 OAK TOURS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TRUONG LE

3/28/2007

Date

352-371-9747

Daytime Phone #