

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 022 ****50.00

60048629



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8236482** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when changing agent)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUSSELL, JOHN H	
STREET ADDRESS	365 TAFT-VINELAND RD.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUSSELL, JOHN B	
STREET ADDRESS	2645 CHEROKEE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MADISON, PETER D	
STREET ADDRESS	4908 OAK ISLAND ROAD	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CHALIFOUX, DEBBE R	
STREET ADDRESS	6105 LAKE LIZZIE DR.	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, John H, Trustee	
STREET ADDRESS	The John H. Russell Revocable	
CITY-ST-ZIP	Living Trust dated 9/1/84	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	365 Taft-Vineland Rd. Suite 105	
CITY-ST-ZIP	Orlando, FL 32824	
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: *Debbie R. Chalifoux*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07 407-908-5732
Date Daytime Phone #