# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 22, 2007 8:00 am**
**Secretary of State**
04-26-2007 90027 049 ****55.00

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DOCUMENT # L06000093626

1. Entity Name
ORANGE PARK SLEEP CENTER, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1125 NORTH SUMMIT STREET<br>CRESENT CITY, FL 32112 | 1125 NORTH SUMMIT STREET<br>CRESENT CITY, FL 32112 |

04132007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 02-0787939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BUTLER, WILLIAM E<br>1125 NORTH SUMMIT STREET<br>CRESENT CITY, FL 32112 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BUTLER, WILLIAM E<br>1125 NORTH SUMMIT STREET<br>CRESENT CITY, FL 32112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR S | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR VP<br>FLETCHER, WARREN D.<br>1125 N. SUMMIT ST.<br>CRESCENT CITY, FL 32112 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR P<br>HOWARD, KENNETH P<br>16164 NE 15TH PLACE<br>STARKE, FL 32091 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR VP<br>AUSTIN, MATTHEW M<br>5585 BROXTON WEST GREEN HWY<br>BROXTON, GA 31519 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Wm E. Butler William E. Butler 4/23/07 (386) 698-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #