

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90340 001 ****55.00

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03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5465182** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FREITAG, JOHN E
300 NORTHSTAR COURT
SANFORD, FL 32771

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 reinstating)

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	FREITAG, JOHN	
STREET ADDRESS	718 BRIARCREST DR	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAYR, ALAN	
STREET ADDRESS	11229 SANDHILL DR	
CITY-ST-ZIP	GRASS LAKE, MI 49240	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALLIS, CHARLES	
STREET ADDRESS	2021 HILLCREST ST	
CITY-ST-ZIP	FORT WORTH, TX 76107	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIAMS, ED	
STREET ADDRESS	4412 ENCHANTED OAKS DR	
CITY-ST-ZIP	ARLINGTON, TX 76016	
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		<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

4/13/07 - 407-302-9297
Date Daytime Phone #

JOHN FREITAG, MGR.