

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103129

FILED  
Feb 05, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA POWER BOX LINTELS AND SILLS LLC

**Current Principal Place of Business:**

931 NW 27TH AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

931 NW 27TH AVENUE  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 20-5763375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAVENSCRAFT JR, JAMES L  
5577 NE 61ST AVE ROAD  
SILVER SPRINGS, FL 34488 US

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

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:**

Title: MGRM ( ) Delete  
Name: RAVENSCRAFT JR, JAMES L  
Address: 931 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Delete  
Name: GAYLORD SR, RON  
Address: 931 NW 27TH AVENUE  
City-St-Zip: OCALA, FL 34471 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** JAMES L RAVENSCRAFT JR

MR

02/05/2007

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