

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


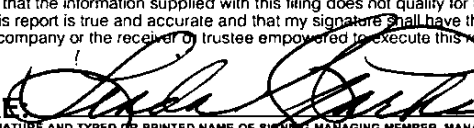
**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90103 001 \*1,248.75

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01092008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000105474</b>					
1. Entity Name ALAFAYA COM TRACT 7, LLC					
Principal Place of Business % PARKS, DEFILIPPO & ASSOCIATES, P.A. 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751			Mailing Address % PARKS, DEFILIPPO & ASSOCIATES, P.A. 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751		
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 26-1301488	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! - FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORENZOTTI, GUIDO 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKS, LINDA A 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Parks, Linda G.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROMMELT, VEIT DR. 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, LARRY D 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ross, Lawrence D. P.O. Box 1980, Morristown, NJ 07962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, GEORGE L III 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV 4701 Central Avenue, Suite A, St. Petersburg, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David A. Webster P.O. Box 2310, Winter Park, FL 32790 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 			Linda G.T. Parks 1-28-08 901-537-1330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		