

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003090**

1. Entity Name  
ALOMA PARK, L.L.C.



Principal Place of Business  
5901 BRICK COURT  
WINTER PARK, FL 32792

Mailing Address  
5901 BRICK COURT  
WINTER PARK, FL 32792



04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3581017

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERGASON, MARK E  
5901 BRICK CT.  
WINTER PARK, FL 32792

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILLIMAN, WILLIAM M 4814 KENSINGTON PARK BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REICHE, ROBERT B 4814 KENSINGTON PARK BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOJOURNER, NANCY C 5901 BRICK COURT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERGASON, MARK E 5901 BRICK CT. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000130372  
04/26/04-80116-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/04 (407) 673-4984