
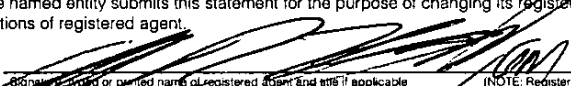
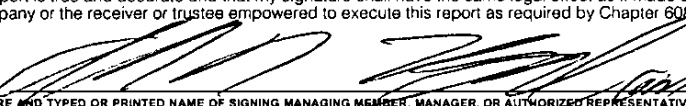



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90198 034 ****50.00

DOCUMENT # M06000001565 1. Entity Name FLORACO ENTERPRISES, LLC					
Principal Place of Business 14100 MIRACLE WAY EDMOND, OK 73003			Mailing Address 14100 MIRACLE WAY EDMOND, OK 73003		
2. Principal Place of Business - No P.O. Box # 14100 Miracle Way		3. Mailing Address 14100 Miracle Way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Edmond, OK		City & State Edmond, OK		4. FEI Number 41-2188919	
Zip 73003		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 73003		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960				7. Name and Address of New Registered Agent Name Same 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  DATE 2-1-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAGEL, ALAN 14100 MIRACLE WAY EDMOND, OK 73003 <input 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 			Date 2-1-07 Daytime Phone #		

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001565		
1. Entity Name FLORACO ENTERPRISES, LLC		

Principal Place of Business 14100 MIRACLE WAY EDMOND, OK 73003	Mailing Address 14100 MIRACLE WAY EDMOND, OK 73003
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2. Principal Place of Business - No P.O. Box # 14100 Miracle Way	3. Mailing Address 14100 Miracle Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Edmond, OK	City & State Edmond, OK
Zip 73003	Zip 73003
Country USA	Country USA

02012007 Chg-LLC CR2E083 (12/06)

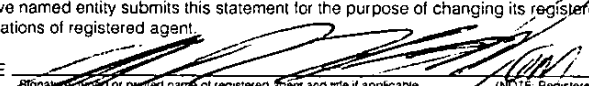
4. FEI Number 41-2188919	Applied For <input type="checkbox"/> Not Applicable
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 2-1-07
Signature required 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGEL, ALAN 14100 MIRACLE WAY EDMOND, OK 73003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  DATE 2-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT
60013091