


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 035 ****50.00

DOCUMENT # Z00132	
1. Entity Name TOD-COR, L.C.	

Principal Place of Business 6867 GRANADA BOULEVARD CORAL GABLES FL 33146	Mailing Address 6867 GRANADA BOULEVARD CORAL GABLES FL 33146
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 65-0148399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, JANE F 6867 GRANADA BOULEVARD CORAL GABLES FL 33146
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AVIRETT, SHELLEY 4720 PONTE VEDRA DR. MARIETTA GA 30067 <i>7525 Breeze Overlook Cumming, Ga. 30041</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILSON, DONNA 3565 W GLENCOE ST MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILSON, BRIAN PO BOX 6489 BREKENRIDGE CO 80424
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILSON, RICHARD 1724 PINE AVE WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILSON, JANE 6867 GRANADA BLVD CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: Jane F. Wilson 3/6/07 305-667-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #