

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L01000022729  
 1. Entity Name  
 1555 BOREN, LLC



Principal Place of Business <UNUSED> OCOEE, FL 34761  
 Mailing Address 1555 BOREN DR. OCOEE, FL 34761

**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3534713 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WUBKER, WARREN W  
 1555 BOREN DR.  
 OCOEE, FL 34761

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WUBKER, WARREN W 6625 CRENSHAW DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, CHARLES B 1407 KELSO BLVD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, RICHARD E 13212 LAKE BUTLER BOULEVARD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000854471  
 03/27/08-80009-007 138.75  
**DO NOT WRITE IN THIS SPACE**

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: *Richard E. Jones* Date: 3/4/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #