


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-12-2004 90047 024 ****50.00

DOCUMENT # L03000020390			
1. Entity Name MAITLAND COURT TWO, LLC			
Principal Place of Business 51 OAKLEIGH LANE MAITLAND, FL 32751		Mailing Address PO BOX 940605 MAITLAND, FL 32799-0605	
2. Principal Place of Business <i>elo Maitland Realty Co</i> Suite, Apt. #, etc. <i>PO Box 940605</i> City & State <i>Maitland, FL</i> Zip <i>32794-0605</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <i>32794-0605</i>	
4. FEI Number <i>58-2676024</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, JAMES R GRAHAM, BUILDER, JONES, PRATT & MARKS LLP 369 NORTH NEW YORK AVE., 3RD FLOOR 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: <u><i>Michael D Calhoun</i></u>		Date: <i>8-9-04</i> Daytime Phone #: <i>407-629-9304</i>	

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