

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90032 019 \*\*\*138.75

|  |  |                                 |   |  |  |
|--|--|---------------------------------|---|--|--|
| <b>DOCUMENT # L05000035695</b><br>1. Entity Name<br>FRONT PORCH PROPERTY, LLC  |  |                                 |   |  |  |
| Principal Place of Business<br>17312 MAGNOLIA ISLAND BLVD<br>CLERMONT, FL 34711  |  |                                 | Mailing Address<br>17312 MAGNOLIA ISLAND BLVD<br>CLERMONT, FL 34711 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |  |  |
| City & State   |  | City & State                    |   |  |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number<br>20-2667519  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |   | Applied For<br>Not Applicable                                      |  |
| 6. Name and Address of Current Registered Agent  |  |                                 |   | 7. Name and Address of New Registered Agent                        |  |
| BRYANT, CARLA D<br>1206 E RIDGEWOOD ST<br>ORLANDO, FL 32803  |  |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |                                 |   | FL Zip Code  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 | Make check payable to<br>Florida Department of State                |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>COX, J<br>17311 MAGNOLIA ISLAND BLVD<br>CLERMONT, FL 34711     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>JOHNSON, L<br>17312 MAGNOLIA ISLAND BLVD<br>CLERMONT, FL 34711 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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: <u>Gill L. Cox manager</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 | 4-30-08 407-654-2535<br><small>Date Daytime Phone #</small>         |  |  |

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