

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083015

Entity Name: LOUGHMAN TOWN CENTER, LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

45713 HWY 27
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 137344
CLERMONT, FL 34713

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

4 CORNERS INSURANCE, INC.
45713 HWY 27
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

MAP HOLDINGS, INC
45713 HWY 27
DAVENPORT, FL 33897 US

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.

SIGNATURE: S. PALANTI

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALANTI, MICHAEL A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713

Title: MGRM (X) Delete
Name: PALANTI, SHARON A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAP HOLDINGS, INC,
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAP HOLDINGS

MGRM

02/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date