2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000120114

Entity Name

1035 TOWN CENTER DRIVE, LLC



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

1035 TOWN CENTER DRIVE ORANGE CITY, FL 32763 US

Mailing Address

1035 TOWN CENTER DRIVE ORANGE CITY, FL 32763



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3957536		Not Applicable
5. Certificate of Status Desired	\$5.0	 Additional

6. Name and Address of Current Registered Agent

ROSALES, JOSE J 1035 TOWN CENTER DRIVE ORANGE CITY, FL 32763 DO NOT WRITE

В	The above named entity submits this statement for the purpose of changing	ng 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rematating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGRM ROSALES, JOSE J
STREET ADDRESS CITY-ST-ZIP	035 TOWN CENTER DRIVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSALES, ESTHER V 1035 TOWN CENTER DRIVE ORANGE CITY, FL 32763
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11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-30-08

775-8229

Daytime Phone #