

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-20-2006 90030 013 ****50.00

DOCUMENT # L05000122400 1. Entity Name LAKE NONA GREENEWAY, LLC					
Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827			Mailing Address 9801 LAKE NONA ROAD ORLANDO, FL 32827		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 719, Florida Statutes. 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:			4-13-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
Daytime Phone #			407-816-6598		

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03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-2117458

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