

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028116

Entity Name: MINORCA SFP, LLC

FILED  
Jan 26, 2008  
Secretary of State

**Current Principal Place of Business:**

9655 BLANDFORD RD.  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 410  
WINTER PARK, FL 327900410

**New Mailing Address:**

FEI Number: 20-4503917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STANCHINA, WARREN  
5950 HAZELTINE NATIONAL DR  
515  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

STANCHINA, WARREN  
9655 BLANDFORD RD  
ORLANDO, FL 32827 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:

01/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STANCHINA, WARREN  
Address: 5950 HAZELTINE NATIONAL DR, 515  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Delete  
Name: STANCHINA, MARY LYNN  
Address: 5950 HAZELTINE NATIONAL DR, 515  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STANCHINA, WARREN  
Address: 9655 BLANDFORD RD  
City-St-Zip: ORLANDO, FL 32827

Title: MGRM (X) Change ( ) Addition  
Name: STANCHINA, MARY LYNN  
Address: 9655 BLANDFORD RD  
City-St-Zip: ORLANDO, FL 32827

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: KAREN SKELTON

BKPR

01/26/2008

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