


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # L06000099796 1. Entity Name 9250 SIDNEY HAYES, LLC	
---	---

Principal Place of Business 500 E. PRINCETON STREET ORLANDO, FL 32803-1449	Mailing Address P.O. BOX 7369 ORLANDO, FL 32802-7369
--	--

DO NOT WRITE IN THIS SPACE



02192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ...

MCCREE, RICHARD T JR.
 500 E. PRINCETON STREET
 ORLANDO, FL 32803-1449

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

U000000840526
 03/06/08-80045-024 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCREE, RICHARD T SR. 500 E. PRINCETON STREET ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCREE, RICHARD T JR. 500 E. PRINCETON STREET ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 receiving trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____ Date: 2/19/08 Daytime Phone #: 407-898-4821

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