## 2008 LIMITED LIABILITY COMPANY

## Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L07000001260** 04-15-2008 90102 024 \*\*\*138.75 1. Entity Name 201 N. NEW YORK AVENUE COMPANY, L.L.C. Principal Place of Business Mailing Address COCCECC 300 PARK AVENUE NORTH, SUITE 200 P.O. BOX 140 WINTER PARK, FL 32789 WINTER PARK, FL 32790 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FFI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUILDER, J. LINDSAY JR. Street Address (P.O. Box Number is Not Acceptable) 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE WILLIAMS, LARRY E NAME NAME STREET ADDRESS 300 PARK AVENUE NORTH, SUITE 200 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SI-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

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**FILED**