

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018586

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: 108 SYCAMORE COURT, LLC

**Current Principal Place of Business:**

219 SPANISH OAK TRAIL  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 951873  
LAKE MARY, FL 32795

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

NEWMAN, JOETTA B  
219 SPANISH OAK TRAIL  
LONGWOOD, FL 32779 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWMAN, JOETTA B  
Address: 219 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: NEWMAN, COURTNEY B  
Address: 219 SPANISH OAK TRAIL  
City-St-Zip: ATLANTA, GA 30312

Title: MGRM ( ) Delete  
Name: NEWMAN, WILLIAM C  
Address: 219 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOETTA B. NEWMAN

MGR

04/25/2009

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