

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074221

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** MAYBAR 106 ASSOCIATES, LLC

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 330  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 917297  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROSS, ANDREW L  
195 WEKIVA SPRINGS ROAD  
330  
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: MGRM ( ) Delete  
Name: MAYBAR MANAGEMENT CORP  
Address: 195 WEKIVA SPRINGS ROAD  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

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: ANDREW L GROSS

RA

04/30/2009

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