

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000513

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** MAYBAR 101 ASSOCIATES, LLC

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD, SUITE 330  
LONGWOOD, FL 32779

**New Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779

**Current Mailing Address:**

195 WEKIVA SPRINGS ROAD, SUITE 330  
LONGWOOD, FL 32779

**New Mailing Address:**

P.O. BOX 917297  
LONGWOOD, FL 32791

**FEI Number:** 20-1046657      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GROSS, ANDREW L  
195 WEKIVA SPRINGS ROAD, SUITE 330  
LONGWOOD, FL 32779 US

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

GROSS, ANDREW L  
195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/02/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** GROSS, ANDREW L  
**Address:** 195 WEKIVA SPRINGS ROAD, SUITE 200  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby 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

P

05/02/2010

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