

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053727

Entity Name
14300 EAST COLONIAL DRIVE LLC



Principal Place of Business
**1117 PINE HILLS RD
ORLANDO, FL 32808 US**

Mailing Address
**1117 PINE HILLS RD
ORLANDO, FL 32808 US**



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1213496

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAN, TRUC C
1117 PINE HILLS RD
ORLANDO, FL 32808**

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IN THIS SPACE**

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

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

MANAGING MEMBERS/MANAGERS

MGRM
TRAN, TRUC C
1117 PINE HILL ROAD
ORLANDO, FL 32808

MGRM
TRAN, THUAN C
1117 PINE HILL ROAD
ORLANDO, FL 32808

ADDRESS
ZIP

ADDRESS
ZIP

ADDRESS
ZIP

ADDRESS
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U000000398136
01/30/06-80083-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

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

01.16.06

407-297-0805

Date

Daytime Phone #