

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90174 008 \*\*\*163.75

**DOCUMENT # L02000001105**

1. Entity Name  
**749 NORTH GARLAND, L.L.C.**



Principal Place of Business  
**749 NORTH GARLAND AVENUE, SUITE 101  
ORLANDO, FL 32801**

Mailing Address  
**749 NORTH GARLAND AVENUE, SUITE 101  
ORLANDO, FL 32801**

**60015628**



2. Principal Place of Business - No P.O. Box #  
**250 East Colonial Drive**

3. Mailing Address  
**250 East Colonial Drive**

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip  
**32801**

Country  
**USA**

Zip  
**32801**

Country  
**USA**

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**02-0531855**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KEATING, JOHN KINGMAN  
749 NORTH GARLAND AVENUE, SUITE 101  
ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**John Kingman Keating**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 East Colonial Drive, Suite 300**  
City **Orlando** **FL** Zip Code **32801**

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 **John Kingman Keating**

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

(NOTE: Registered Agent Signature required when reinstating)

**3/11/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KEATING, JOHN KINGMAN  
749 NORTH GARLAND AVENUE, SUITE 101  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
John Kingman Keating  
250 East Colonial Drive, Suite 300  
Orlando, Florida 32801** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

**SIGNATURE: John Kingman Keating**

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

**3/11/08**  
Date

**407-425-2907**  
Daytime Phone #