

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90016 042 \*\*\*138.75

DOCUMENT # L07000125101  
 1. Entity Name  
 1455 WEST FAIRBANKS, LLC



Principal Place of Business      Mailing Address  
 1435 W. FAIRBANKS AVENUE      1435 W. FAIRBANKS AVENUE  
 C/O M. RENE SCHAMP              C/O M. RENE SCHAMP  
 WINTER PARK, FL 32789          WINTER PARK, FL 32789

50004906



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

02112008    Chg-LLC    CR2E083 (12/06)

City & State                                      City & State

4. FEI Number      Applied For  
 83-0505487      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
 SCHAMP, M.RENE  
 1435 W. FAIRBANKS AVENUE  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAMP, M. RENE 1435 W. FAIRBANKS AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M.P. Schamp      Date: 4-22-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #