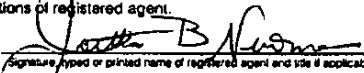
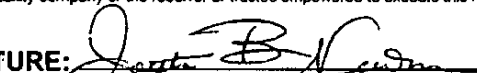


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 28, 2008 8:00 am
Secretary of State

04-30-2008 90057 001 ***718.75

DOCUMENT # L07000018586			
1. Entity Name 108 SYCAMORE COURT, LLC			
Principal Place of Business 901 DOUGLAS AVENUE, STE 205 ALTAMONTE SPRINGS, FL 32714		Mailing Address 901 DOUGLAS AVENUE, STE 205 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 219 Spanish Oak Trail		3. Mailing Address P.O. Box 951873	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood, Florida		City & State Lake Mary, Florida	
Zip 32779	Country USA	Zip 32795-1873	Country USA
6. Name and Address of Current Registered Agent NEWMAN, WILLIE B 901 DOUGLAS AVENUE, STE 205 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Joetta B. Newman Street Address (P.O. Box Number is Not Acceptable) 219 Spanish Oak Trail City Longwood FL Zip Code 32779	
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  Joetta B. Newman 4-27-08 (NOTE: Registered Agent signature required when reappointing)			
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	MGR NEWMAN, WILLIE B 901 DOUGLAS AVENUE, STE 205 ALTAMONTE SPRINGS, FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Manager Newman, Joetta B. 219 Spanish Oak Trail Longwood, FL 32779 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Managing Member Newman, Courtney B. 584 Windsor Street SW Atlanta, GA 30312 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner Managing Member Newman, William C. 219 Spanish Oak Trail Longwood, FL 32779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 606, Florida Statutes.			
SIGNATURE:  Joetta B. Newman		4/27/08 407-222-1602	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

(personal representative
and surviving spouse of
Willie B. Newman

ATTACHMENT

30007814

219 Spanish Oak Trail
Longwood, Florida 32779
June 21, 2008

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

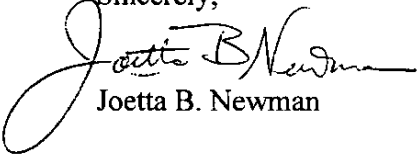
I am returning the corrected 2008 limited liability annual reports for the following documents:

L07000018697 - 104 Sycamore Court, LLC,
L07000018583 - 106 Sycamore Court, LLC,
L07000018586 - 108 Sycamore Court, LLC,
L07000018584 - 110 Sycamore Court, LLC,
and L07000018595 - 1403 Medical Plaza Drive, LLC.

Per a telephone conversation at 3:30pm today, with someone from your office, I have changed the titles of all parties to either manager or managing partner. The corrections are in red on the original forms. Hopefully, this will satisfy your requirements and the reports may now be filled in a timely manner.

Thank you for your help.

Sincerely,


Joetta B. Newman