

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018130

**Entity Name:** 9603 SATELLITE BLVD., LLC

**Current Principal Place of Business:**

100 SOUTH ORANGE AVE  
STE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 349  
CHARLOTTESVILLE, VA 22902

**FEI Number:** 26-2007709

**Certificate of Status Desired:** No

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

DEAD MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BJP REAL ESTATE PARTNERSHIP  
Address PO BOX 349  
City-State-Zip: CHARLOTTESVILLE VA 22902

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUBREY S PHILLIPS

PRES

04/15/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date