2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002199

1. Entity Name
LD/MAITLAND, LLC

Principal Place of Business	Mailing Address
933 LEE ROAD, SUITE 400 ORLANDO, FL 32810	933 LEE ROAD, SUITE 400 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

04262005No Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2578993
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT N
933 LEE ROAD, SUITE 400
ORLANDO, FL 32810

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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)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, ROBERT N
STREET ADDRESS	933 LEE ROAD, SUITE 400
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGRM
NAME	JOHNSON, BRYAN A
STREET ADDRESS	933 LEE ROAD, SUITE 400
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGRM
NAME	JOHNSON, MATTHEW T
STREET ADDRESS	933 LEE ROAD, SUITE 400
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert N. Johnson 4-26-05 (407)629-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #