2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002199

LD/MAITLAND, LLC



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

933 LEE ROAD, SUITE 400 ORLANDO, FL 32810

Mailing Address

933 LEE ROAD, SUITE 400 ORLANDO, FL 32810



04102008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 58-2578993 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

(NOTE, Registered Agent signature required when reinstating)

05/01/08-80029-008 143.75

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

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME JOHNSON, BRYAN 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	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the experience.	

Thereby certify that the mioritation supplied with this ming does not quality for the exemptions contained in Chapter 118, Florida Statutes. From a 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.

TUTHORIZED REPRESENTATIVE