


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90122 009 \*\*\*138.75

<b>DOCUMENT # L01000005656</b>	
1. Entity Name <b>JANDISCH PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>815 N. GARLAND AVE ORLANDO, FL 32801</b>	Mailing Address <b>P.O. BOX 547757 AUBURNDALE, FL 33823</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 547757</b>  Suite, Apt. #, etc.
City & State	City & State <b>ORLANDO, FL</b>
Zip  Country	Zip <b>32854</b> Country



01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**65-1096451**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent  <b>HOOVER, SUSAN M 815 N. GARLAND AVENUE ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOOVER, SUSAN M 815 N. GARLAND AVENUE ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input checked="" 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:**  **SUSAN M. HOOVER, MANAGER** **2/1/08** **407-849-0167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #