

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001105 1. Entity Name 749 NORTH GARLAND, L.L.C.	
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Principal Place of Business 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	Mailing Address 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

	
04142004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 02-0531855	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN KINGMAN
749 NORTH GARLAND AVENUE, SUITE 101
ORLANDO, FL 32801

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

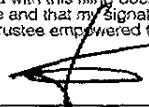
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEATING, JOHN KINGMAN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801
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04/21/04-80038-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/15/04** **407-425-2907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #