## , 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001105

1. Entity Name

749 NORTH GARLAND, L.L.C.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

Tricipal Flace of Business

749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801

Mailing Address

749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801



01152007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	02-0531855		Not Applicable
5.	Certificate of Status Desired	5.00 e Regi	Additional pired

## DO NOT WRITE IN THIS SPACE

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

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	ling Fee is \$50.00 ue by May 1, 2007	_	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEATING, JOHN KINGMAN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000751161 05/18/07-80091-023 50.00
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			

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 try 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 employered to execute this report as required by Chapter 608, Florida Statutes.

APR 2 5 Zuu7

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytkre Phone #