2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90174 008 ***163.75

DOCUMENT # L02000001105

1. Entity Name
749 NORTH GARLAND, L.L.C.

Principal Place of Business	Mailing Address
749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801

60015628

01172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
250 East Colonial Drive		250 East Colonial Drive	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.: Suite 300	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32801	Country: USA	Zip: 32801	Country: USA

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	7. Name and Address of New Registered Agent
KEATING, JOHN KINGMAN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	Name: John Kingman Keating Street Address (P.O. Box Number is Not Acceptable): 250 East Colonial Drive, Suite 300 City: Orlando FL Zip Code: 32801

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 John Kingman Keating [signature] 3/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEATING, JOHN KINGMAN 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Kingman Keating 250 East Colonial Drive, Suite 300 Orlando, Florida 32801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John Kingman Keating [signature] 3/11/08 407-425-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #