

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000004185**

1. Entity Name  
CANTERBURY LANE PARTNERS LLC



**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1250 SKIPPER ROAD  
TAMPA, FL 33613

Mailing Address  
1250 SKIPPER ROAD  
TAMPA, FL 33613



08042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0142965	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAMINSKY, STANLEY A  
1250 SKIPPER RD., (LEASING OFFICE)  
TAMPA, FL 33613

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

000000957855  
08/18/08-80006-001 538.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ORGE, MAYER
STREET ADDRESS	1139 57 ST.,
CITY-ST-ZIP	BROOKLYN, NY 11219
TITLE	MGR
NAME	SCHWARTZ, MOISHE
STREET ADDRESS	1435 54 ST.
CITY-ST-ZIP	BROOKLYN, NY 11219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Aug 11 2008 Date: 718-4376262\* Daytime Phone # 102.