

FROM:

(FRI) APR 25 2008

04/25/2008 09:59 4876473224

ICARDI ICARD

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90021 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012790			
1. Entity Name MEADOWLARK INVESTMENT GROUP, L.L.C.			
Principal Place of Business 25825 S MAGUIRE RD #334 OCOE, FL 34761		Mailing Address 25825 S MAGUIRE RD #334 OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0451132		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04172008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent ICARDI, JEFFREY A 2180 W STATE RD 434 SUITE 6190 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 549 WYMORE ROAD NORTH STE 109 City MAITLAND FL Zip Code 32751	
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 reappointing) 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	MGR HARDEBECK, JEFFREY A 13486 SOUTHERN WAY WINDERMERE, FL 34786 ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.			
SIGNATURE: <u>Jeffrey A. Hardebeck</u> is manager		Date: <u>4/25/08</u> 407/230-3770	