

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90139 021 ***138.75

DOCUMENT # L02000027875

1. Entity Name
TOWN SQUARE PROPERTIES, L.L.C.



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

Mailing Address
**749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO, FL 32801**

60019926



2. Principal Place of Business - No P.O. Box #
250 East Colonial Drive

3. Mailing Address
250 East Colonial Drive

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

01172008 Chg-LLC CR2E083 (12/06)

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
02-0648399

Applied For
☐ Not Applicable

Zip Country
32801 USA

Zip Country
32801 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
John Kingman Keating

Street Address (P.O. Box Number is Not Acceptable)

250 East Colonial Drive, Suite 300

City Zip Code
Orlando FL 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**

MAR 31 2008

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

TITLE MGRM
NAME KEATING, JOHN K ☐ Delete
STREET ADDRESS 749 N. GARLAND AVE., SUITE 101
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME John Kingman Keating ☐ Change ☐ Addition
STREET ADDRESS 250 East Colonial Drive, Suite 300
CITY-ST-ZIP Orlando, Florida 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MAR 31 2008

407-425-2907

Date

Daytime Phone #