

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008753

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: 1004 NORTH DONNELLY STREET, L.L.C.

**Current Principal Place of Business:**

4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 76-0725317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROEDER, C A  
4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHROEDER, C A  
Address: 4800 WATERWITCH POINT DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: WILLIAMS, MICHAEL E  
Address: 4180 ALBRITTON ROAD  
City-St-Zip: ST. CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: MACDERMOTT, PAUL W  
Address: 148 RIVER OAKS CIRLCE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: COUGHLIN, DENNIS M  
Address: 925 CLAY BLVD.  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C A SCHROEDER

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date