

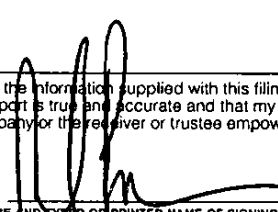


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90201 022 ****50.00

DOCUMENT # L03000018594 1. Entity Name MAITLAND WEST ONE, LLC					
Principal Place of Business 2603-B MAITLAND CENTER PKWY. MAITLAND, FL 32751				Mailing Address 2603-B MAITLAND CENTER PKWY. MAITLAND, FL 32751	
2. Principal Place of Business 2701 Maitland Center Pkwy		3. Mailing Address 2701 Maitland Center Pkwy		 02242006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. Suite 225		Suite, Apt. #, etc. Suite 225			
City & State Maitland, FL		City & State Maitland, FL			
Zip 32751	Country Orange	Zip 32751	Country Orange		
4. FEI Number 90-0088011				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent STEIN, CLIFFORD L 2603-B MAITLAND CENTER PKWY. MAITLAND, FL 32751 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, CLIFFORD L 2603-B MAITLAND CENTER PKWY MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, REID S 2603-B MAITLAND CENTER PKWY MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YARMUTH, ROBERT 2605-C MAITLAND CENTER PKWY MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			3-15-06 407-659-0120		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		