

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90154 024 ***138.75

DOCUMENT # L03000020390

1. Entity Name
MAITLAND COURT TWO, LLC



Principal Place of Business
**C/O MAITLAND REALTY CO.
P.O. BOX 940605
MAITLAND, FL 32794-0605**

Mailing Address
**PO BOX 940605
MAITLAND, FL 32794-0605**

60019127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
58-2676024

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATT, JAMES R
GRAHAM, BUILDER, JONES, PRATT & MARKS LLP
369 NORTH NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789**

Name

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

City

FL

Zip Code

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

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

10. **MGRM** ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CALHOUN, MICHAEL D
1352 W LAKE COLONY DR
MAITLAND, FL 32751**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CALHOUN, MICHAEL D
PO Box 940605
MAITLAND, FL 32794-0605**

☒ Change ☐ Addition

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

3/11/08 407-629-9304

Date

Daytime Phone #