2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-12-2004 90047 022 ****50.00

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07022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000020392

1. Entity Name
MAITLAND COURT ONE, LLC

Principal Place of Business	Mailing Address
~~51 OAKLEIGH LANE~~ MAITLAND, FL ~~32751~~	PO BOX 940605 MAITLAND, FL ~~32799~~-0605

2. Principal Place of Business	3. Mailing Address
c/o Maitland Realty Co.	
Suite, Apt. #, etc.: P.O. Box 940605	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State
Zip: 32794-0605 Country: USA	Zip: 32794-0605 Country

4. FEI Number: 55-0840987 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MBRM NAME Calhoun, Michael D. STREET ADDRESS 1352 W. Lake Colony Dr. CITY-ST-ZIP Maitland, FL 32751	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Michael D. Calhoun 8-9-04 407-629-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #