

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-19-2004 90234 006 ****50.00

DOCUMENT # L03000020846 1. Entity Name 400 NORTH PARRAMORE, LLC					
Principal Place of Business 801 WEST FAIRBANKS AVENUE WINTER PARK, FL 32789			Mailing Address 801 WEST FAIRBANKS AVENUE WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, SOUTH, MILHAUSEN & CARR, P.A. C/O JEFFREY P. MILHAUSEN, ESQ. 2699 LEE ROAD, SUITE 120 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 (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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	POKORNY INVESTMENT PARTNERSHIP	NAME			
STREET ADDRESS	801 WEST FAIRBANKS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

34009721



07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 120-00391011 Applied For ☐ Not Applicable

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

Attchment
34009721

July 9, 2004

400 North Parramore, LLC
801 W. Fairbanks Ave.
Winter Park, FL 32789

Uniform Business Report
P.O. Box 6478
Tallahassee, FL 32314

Re: 400 N. Parramore, LLC
Document #: 03000020846

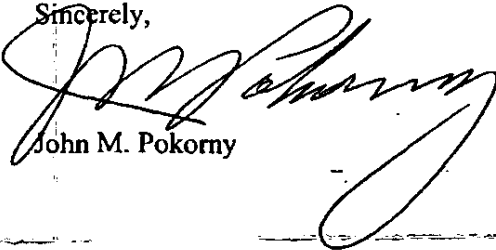
To Whom It May Concern:

Enclosed please find the Uniform Business Report for the above named corporation.

The above mentioned corporation never received their initial UBR or the follow up UBR.
Therefore, we ask that you accept this UBR as timely filed and abate any penalty. A
check is enclosed for \$50.00

Should you have any question s, please do not hesitate to call.

Sincerely,



John M. Pokorny