


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90125 048 ***138.75

DOCUMENT # L03000022110	
1. Entity Name MEADOWLARK REAL ESTATE ASSOCIATES, LLC	

Principal Place of Business 14421 METROPOLIS, STE 101 FORT MYERS, FL 33912 US	Mailing Address 14421 METROPOLIS AVENUE SUITE 101 FORT MYERS, FL 33912 US
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2. Principal Place of Business - No P.O. Box # 14311 Metropolis Ave	3. Mailing Address 14311 Metropolis Ave
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33912	Country US

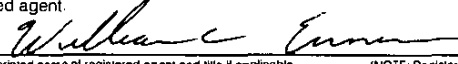
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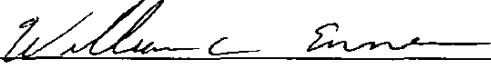
6. Name and Address of Current Registered Agent WANDERON, THOMAS 809 WALKERBILT ROAD SUITE 5 NAPLES, FL 34110	
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7. Name and Address of New Registered Agent	
Name William Ennen	
Street Address (P.O. Box Number is Not Acceptable) 14311 Metropolis Ave	
Suite, Apt. #, etc. Suite 101	
City Fort Myers	FL Zip Code 33912

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 	DATE 1-12-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE 14311 Metropolis Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENNEN, WILLIAM C		NAME Suite 101	
STREET ADDRESS 14421 METROPOLIS AVENUE SUITE 101		STREET ADDRESS Fort Myers, FL 33912	
CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP Fort Myers, FL 33912	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 	DATE 1-12-08 DAYTIME PHONE # 239-459-9151