2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 11, 2008 8:00 am Secretary of State **DOCUMENT # L03000037549** 04-11-2008 90181 047 ***138.75 LEARY FAMILY LLC Principal Place of Business Mailing Address ~~~U4 1115 E. LIVINGSTON ST. 1115 E. LIVINGSTON ST. ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-0269309 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT F. VASON, JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 501 E. FIFTH AVE. MOUNT DORA, FL 32757 Zip Code : ; City FL 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change MGRM ☐ Delete TITLE ☐ Addition TITLE LEARY, TAMRA P NAME NAME 2180 Park Aue. N., 332 Winter Park, FL 32789 1115 EAST LIVINGSTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition LEARY, WILLIAM N NAME NAME 2180 Park Ave. n. , ste 322 1115 EAST LIVINGSTON ST STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 ☐ Delete TITLE Change ■ Addition TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>MGMP</u>

FILED