

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90023 028 \*\*\*138.75

**60009322**



<b>DOCUMENT # L03000044210</b> 1. Entity Name KISSIMMEE MAIN STREET REALTY, LLC			
Principal Place of Business 861 W. MORSE BLVD., SUITE 250 WINTER PARK, FL 32789		Mailing Address 861 W. MORSE BLVD., SUITE 250 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO BOX 940658 Suite, Apt. #, etc.	
City & State MAITLAND FL		City & State MAITLAND FL	
Zip 32794-0658	Country	Zip 32794-0658	Country
6. Name and Address of Current Registered Agent BROWN, DON L ESQ. 533 VERSAILES DRIVE MAITLAND, FL 32751		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR	TITLE	MOGUL, MAX A
NAME		NAME	
STREET ADDRESS	861 W. MORSE BLVD., SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME		NAME	
STREET ADDRESS	861 W MORSE BLVD, STE 250	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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.			
<b>SIGNATURE:</b> <i>Sheldon Greene</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1/9/08 407-647-5111 <small>Date Daytime Phone #</small>	