## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

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SIGNATURE

## **FILED** Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # L04000040711 1. Entity Namo 1465 S. ATLANTIC AVENUE, LLC Principal Place of Business Mailing Address 10216 PENNY LANE DRIVE ORLANDO FL 32836 10216 PENNY LANE DRIVE ORLANDO FL 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-1218705 Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PURSEL, JACH Street Address (P.O. Box Number is Not Acceptable) 10216 PENNY LANE DRIVE ORLANDO FL 32836 City 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 Signatina, typed or princet name of registered agent and title 4 applicable (NOTE: Registered Alient's gliature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME PURSEL, JACH STREET ADDRESS 10216 PENNY LANE DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32836 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 000000935608 23708-80075-CITY+ST-ZIP CITY-ST-ZIP -nn4 138.75 THE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACORESS 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 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 the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information port 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 information or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE