

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 037 ****50.00

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1. Entity Name
MTN1 DEVELOPERS, LLC

Principal Place of Business
**319 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801**

Mailing Address
**1090 DON MILLS ROAD
SUITE 600
TORONTO, ON M3C 3-R6**

2. Principal Place of Business - No P.O. Box #

1142 Kelton Avenue

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-LLC CR2E083 (12/06)

City & State

Orlando FL

City & State

4. FEI Number

47-0943182

Applied For

Not Applicable

Zip

34761

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKELLEY, JEANNIE L
319 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Skelley Jeannie L**

Street Address (P.O. Box Number is Not Acceptable)
1142 Kelton Avenue

City **Orlando**

FL

Zip Code **34761**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MTN1 INVESTMENTS, LLP**
STREET ADDRESS **319 N MAGNOLIA AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **MTN1 Investments, LLP**
STREET ADDRESS **1142 Kelton Avenue**
CITY-ST-ZIP **Orlando, FL 34761**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #