FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90213 005 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051343

1. Entity Name
TI JOHN YOUNG 200, LLC

30005793

Principal Place of Business	Mailing Address
1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746	1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746

03232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
100 N John Young Pkwy	100 N John Young Pkwy
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34741 Country USA	Zip 34741 Country USA

4. FEI Number 59 3571414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWMAN, WILLIAM R JR 1000 LEGION PLACE, STE. 1700 ORLANDO, FL 32801	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 ____________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEVEN T REALTY CORP. 1525 THE OAKS BOULEVARD KISSIMMEE, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Seven T Realty Corp. 100 N. John Young Pkwy Suite D Kissimmee FL 34741 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Julia Tattoli 4/4/05 407 343 7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #