

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000074472**

1. Entity Name

MAHAN DRIVE COMMONS, L.L.C.



Principal Place of Business

2808 MAHAN DRIVE  
TALLAHASSEE, FL 32308

Mailing Address

P.O. BOX 38355  
TALLAHASSEE, FL 32315



04032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1743824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BARBER, ROBIN C  
STREET ADDRESS 4325 OAKMONT DRIVE  
CITY- ST- ZIP TALLAHASSEE, FL 32803

TITLE MGRM  
NAME ATKINS, CHARLES N  
STREET ADDRESS P.O. BOX 12248  
CITY- ST- ZIP TALLAHASSEE, FL 32317

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #