

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093234

Entity Name: FOURTEEN LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

14 E. WASHINGTON ST. SUITE 302
ORLANDO, FL 32801

New Principal Place of Business:

14 E. WASHINGTON ST. SUITE 600
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 500
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 32-0135226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, CLAUDE
14 E. WASHINGTON ST., SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLFE, CLAUDE
Address: 14 E WASHINGTON ST, STE 600
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: SARCHET, CORBIN
Address: 14 E WASHINGTON ST, STE 600
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDE WOLFE

MGRM

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date