

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90225 048 ***138.75

DOCUMENT # L05000006520

1. Entity Name
LM INVESTORS LAS COLINAS, LLC



Principal Place of Business
5728 MAJOR BLVD.
SUITE 601
ORLANDO, FL 32819

Mailing Address
5728 MAJOR BLVD.
SUITE 601
ORLANDO, FL 32819

00044527

2. Principal Place of Business - No P.O. Box #
7932 W. Sand lake Rd.

3. Mailing Address
7932 W. Sand lake Rd.



Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

03112008 Chg-LLC CR2E083 (12/06)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
04-3804291

Applied For
Not Applicable

Zip
32819

Country

Zip
32819

Country

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

HODGE, RANDALL R
5728 MAJOR BLVD.
SUITE 601
ORLANDO, FL 32819

Name

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

7932 W. Sand Lake Rd. Ste 300
Orlando, FL 32819

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KHATIB, RASHID A
5728 MAJOR BLVD., SUITE 601
ORLANDO, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7932 W. Sand Lake Rd. Ste 300
Orlando, FL 32819 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 #

4/18/08 407-354-2000