2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000018841

1. Entity Name RANDOLPH LLC



Principal Place of Business

540 SEMORAN BLVD. ORLANDO, FL 32807 Mailing Address

540 SEMORAN BLVD. ORLANDO, FL 32807

FILED Jun 02, 2008 8:00 am Secretary of State

06-02-2008 90259 036 ***138.75

50006608



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

TEJEDOR, MARIA 540 SEMORAN BLVD ORLANDO, FL 3280

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В.	The above named entity so	omits this statement for the purpose of changing its register	ed office or registered agent, or both, in the State of Flori	da. I am familiar with, and accept
•	the obligations of registere	Ragent.		
e u	CNATHE	•		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! PAGES \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEJEDOR, MARIA 540 SEMORAN BLVD. ORLANDO, FL 32807			
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11. I hereby certify that the information supplied with this filing does not qualify for the e				

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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 eath; 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 #