2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000019128

1. Entity Name 444 NORTH MILLS AVENUE, LLC



SECRETARY OF STATE OLVISION OF CORFORATIONS

08 APR 23 AM 8:59

Principal Place of Business

SIGNATURE:

Mailing Address

3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806-8500

3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806-8500



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2385120	_	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARTER, DARYL M 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806-8500

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER-CROSSMAN INVESTMENTS, LTD. 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 328068500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 LAL 04/24/0	100125501811 04/24/0801008003 **2165.00	
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11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report in true and applicate and that my signature s bility company or the receipt of trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Fl hall have the same legal effect as if made under oath; ecute this report as required by Chapter 608, Florida St	lorida Statutes. I further certify that the information that I am a managing member or manager of the alutes.	