

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000033595

1. Entity Name
CHRISTINI'S LAND COMPANY LLC



Principal Place of Business
**7600 DR. PHILLIPS BLVD.
ORLANDO, FL 32819 US**

Mailing Address
**7600 DR. PHILLIPS BLVD.
ORLANDO, FL 32819 US**



03282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3143038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAGE, FRANK L
5010 WINWOOD WAY
ORLANDO, FL 32819**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000874153
04/10/08-80107-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HELEN CHRISTAKOS REVOCABLE TRUST
STREET ADDRESS	9267 POINT CYPRESS DRIVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	CHRISTOS CHRISTAKOS REVOKABLE TRUST
STREET ADDRESS	9267 POINT CYPRESS DRIVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Helen Christakos*

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

3/29/08

Date

407-909-1233

Daytime Phone #