

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000042532**

1. Entity Name  
1100 PROPERTY, LLC



Principal Place of Business

810 WATERWAY PLACE  
UNIT 1000  
LONGWOOD, FL 32750 US

Mailing Address

810 WATERWAY PLACE  
UNIT 1000  
LONGWOOD, FL 32750 US



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2871265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M ESQ.  
725 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32803

**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**

U00000910520  
05/07/08-80002-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME DEARDEN, MILES  
STREET ADDRESS 810 WATERWAY PLACE, UNIT 1000  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE MGRM  
NAME DEARDEN, MAUREEN  
STREET ADDRESS 810 WATERWAY PLACE, UNIT 1000  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE MGRM  
NAME YATES, HOLLY E  
STREET ADDRESS 810 WATERWAY PLACE, UNIT 1000  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE MGRM  
NAME DEARDEN, RALPH G  
STREET ADDRESS 810 WATERWAY PLACE, UNIT 1000  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE MGRM  
NAME DEARDEN, PAMELA  
STREET ADDRESS 810 WATERWAY PLACE, UNIT 1000  
CITY-ST-ZIP LONGWOOD, FL 32750

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:** \_\_\_\_\_

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

4/15/2008

Date

Daytime Phone #