2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000042689

1. Entity Name

METRO PARK BUILDING THREE, LLC



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6000 METROWEST BLVD.

SUITE 111 ORLANDO, FL 32835 US 6000 METROWEST BLVD. SUITE 111

ORLANDO, FL 32835 US



04012008 No Chg-LLC

CR2E083 (12/07)

\$5.00 Additional	
01-0837158 Not Applica	able
4. FEI Number Applied For	r

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SKORMAN, MARC 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835

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The above named entity sub the obligations of registered		ing its registered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or prin	ted 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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SKORMAN, MARC
STREET ADDRESS	6000 METROWEST BLVD STE 111
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	MGRM
NAME	SKORMAN, KEVIN
STREET ADDRESS	6000 METROWEST BLVD STE 111
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
street address	
CITY-ST-ZiP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ex-

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11. I hereby certify that the information supplied with this filling 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: ///JUMM MONDER MEMBER OF AUTHORIZED REPRESENTATIVE

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40/03-

Daytime Phone #