



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90136 038 ***138.75

DOCUMENT # L05000094629					
1. Entity Name 2200 MONTCLAIR BUILDING, LLC					
Principal Place of Business 1300 CITIZENS BLVD 110 LEESBURG, FL 34748			Mailing Address 1300 CITIZENS BLVD 110 LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box # 2200 Montclair Rd Suite, Apt. #, etc.		3. Mailing Address 38624 Rolling Acres Rd Suite, Apt. #, etc.			
City & State LEESBURG FL		City & State LADY LAKE, FL		4. FEI Number 20-3470687	
Zip 34748		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDEBURG, JOHN D 1300 CITIZENS BLVD 110 LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 38624 Rolling Acres Rd City LADY LAKE FL Zip Code 32159		
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 <i>John D. Brandenburg</i> DATE <i>2-21-08</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANDEBURG, JOHN D 1300 CITIZENS BLVD #110 LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	38624 Rolling Acres Rd LADY LAKE, FL 32159	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 <i>John D. Brandenburg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/21/08 (352) 406-7568 <small>Date Daytime Phone #</small>		