

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90047 040 \*\*\*\*55.00

**DOCUMENT # L05000104665**

1. Entity Name  
434 LONGWOOD, LLC



Principal Place of Business  
2603-B MAITLAND CENTER PARKWAY  
MAITLAND, FL 32751

Mailing Address  
2603-B MAITLAND CENTER PARKWAY  
MAITLAND, FL 32751



2. Principal Place of Business  
2701 Maitland Center Pkwy

3. Mailing Address  
2701 Maitland Center Pkwy

Suite, Apt. #, etc.  
Suite 225

Suite, Apt. #, etc.  
Suite 225

02232006 Chg-LLC CR2E083 (11/05)

City & State  
Maitland, FL

City & State  
Maitland, FL

4. FEI Number  
13-4313867

Applied For  
Not Applicable

Zip 32751 Country Orange

Zip 32751 Country Orange

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STEIN, CLIFFORD L  
2603-B MAITLAND CENTER PARKWAY  
MAITLAND, FL 32751  
2701 Maitland Center Pkwy, Suite 225  
Maitland, FL 32751

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Stein, Clifford L.  
STREET ADDRESS 2701 Maitland Center Pkwy, Suite 225  
CITY-ST-ZIP Maitland, FL 32751 ☐ Delete

TITLE MGRM  
NAME Berman, Reid S.  
STREET ADDRESS 2701 Maitland Center Pkwy, Suite 225  
CITY-ST-ZIP Maitland, FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06

Date

407-659-0120

Daytime Phone #