2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90364 032 ****55.00

DOCUMENT # L05000104665

1. Entity Name
434 LONGWOOD, LLC

Principal Place of Business	Mailing Address
2701 MAITLAND CENTER PARKWAY STE 225 MAITLAND, FL 32751	2701 MAITLAND CENTER PARKWAY STE 225 MAITLAND, FL 32751

40075219

03222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4313867
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD L
2701 MAITLAND CENTER PARKWAY
STE 225
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STEIN, CLIFFORD L
STREET ADDRESS	2701 MAITLAND CENTER PKWY., STE 225
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	BERMAN, REID S
STREET ADDRESS	2701 MAITLAND CENTER PKWY., STE 225
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-10-07 (407) 659-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #