

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108745

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: LA MIRADA INVESTMENTS I, LLC

**Current Principal Place of Business:**

3501 WEST VINE STREET, SUITE 335  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

3501 WEST VINE STREET, SUITE 335  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 20-4191265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARDING, ROBERT L  
20 NORTH EOLA DRIVE  
ORLANDO, FL 32801      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: TOUSIGNANT, JAMES  
Address: 3501 WEST VINE STREET, SUITE 335  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM      ( ) Delete  
Name: CALLAGHAN, PHIL  
Address: 3501 W VINE STREET, SUITE 335  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHIL CALLAGHAN

MGRM

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date