



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90139 022 ***138.75

DOCUMENT # L05000108987 1. Entity Name 44-44 PROPERTIES, LLC					
Principal Place of Business 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801			Mailing Address 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 250 East Colonial Drive		3. Mailing Address 250 East Colonial Drive		 01172008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Orlando, Florida		City & State Orlando, Florida			
Zip 32801		Zip 32801			
Country USA		Country USA		4. FEI Number 20-3763873	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KEATING, JOHN K 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name John Kingman Keating Street Address (P.O. Box Number is Not Acceptable) 250 East Colonial Drive, Suite 300 City Orlando FL Zip Code 32801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (If P.E. Registered Agent signature required when reinstating)</small>				MAR 3 1 2008 <small>DATE</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 KEATING, JOHN K 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN KINGMAN KEATING 250 East Colonial Drive, Suite 300 Orlando, Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, OTTMAR W 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, OTTMAR W 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 606, Florida Statutes.					
SIGNATURE: John Kingman Keating <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				MAR 3 1 2008 <small>Date</small>	
407-425-2907 <small>Daytime Phone #</small>					