

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016509

Entity Name: RANDOLPH REAL ESTATE, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

615 E. PRINCETON ST., STE. 310
ORLANDO, FL 32803

New Principal Place of Business:

2660 WEST FAIRBANKS AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

615 E. PRINCETON ST., STE. 310
ORLANDO, FL 32803

New Mailing Address:

P.O. BOX 540326
ORLANDO, FL 32854

FEI Number: 20-4336642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJAYI, AKINYEMI D M.D.
615 E. PRINCETON ST., STE. 310
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

AJAYI, AKINYEMI D M.D.
2660 WEST FAIRBANKS AVENUE
WINTER PARK, FL 32789 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AJAYI, AKINYEMI D M.D.
Address: 615 E. PRINCETON ST., STE. 310
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: AJAYI, ADENA M
Address: 1645 LAKE RHEA DR.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AJAYI, AKINYEMI D M.D.
Address: 2660 WEST FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: AKINYEMI AJAYI

DR

04/30/2009

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