### 2008' LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000017700**

1. Entity Name

MCEWAN-EDWARDS BUILDING, LLC



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Principal Place of Business

Mailing Address

108 EAST CENTRAL BLVD. ORLANDO, FL 32802 108 EAST CENTRAL BLVD. ORLANDO, FL 32802

# FILED Apr 21, 2008 08:00 Al Secretary of State



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02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4590532

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

MARTINEZ, RAFAEL E ESQ. MCEWAN, MARTINEZ, DUKES, P.A. 108 EAST CENTRAL BLVD. ORLANDO, FL 32802

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<ol> <li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li> </ol>	d office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE		

(NOTE Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000910216 05/06/08-80101-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY: ST-ZIP	MGR MARTINEZ, RAFAEL E ESQ 108 EAST CENTRAL BLVD. ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the soon this report is tree and accurate and that my signature shall have the so

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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 tree 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

NO TYPED OFFRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Z. 20.08

Daytima Phone #