



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000029904</b> 1. Entity Name 303 PEACHTREE, L.L.C.	
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Principal Place of Business 425 W. COLONIAL DRIVE ORLANDO, FL 32804 US	Mailing Address 425 W. COLONIAL DRIVE ORLANDO, FL 32804 US
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**DO NOT WRITE IN THIS SPACE**

	
07102008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4535321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

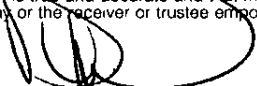
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAUL, DAVID L 425 W. COLONIAL DRIVE ORLANDO, FL 32804
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U00000959310  
09/09/08-80006-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**  **DAVID L. MAUL** **358 P03** **474225631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #