

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029904

Entity Name: 303 PEACHTREE, L.L.C.

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

425 W. COLONIAL DRIVE  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

425 W. COLONIAL DRIVE  
303  
ORLANDO, FL 32804 US

**Current Mailing Address:**

425 W. COLONIAL DRIVE  
ORLANDO, FL 32804 US

**New Mailing Address:**

425 W. COLONIAL DRIVE  
303  
ORLANDO, FL 32804 US

FEI Number: 20-4535321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: MGR ( ) Delete  
Name: MAUL, DAVID L  
Address: 425 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MAUL, DAVID L  
Address: 425 W. COLONIAL DRIVE, #303  
City-St-Zip: ORLANDO, FL 32804 US

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: DAVID L. MAUL

MR.

04/02/2009

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