


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90058 004 ****50.00

DOCUMENT # L06000031229 1. Entity Name MAITLAND COMMONS, LLC					
Principal Place of Business 320 W. SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779			Mailing Address 320 W. SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 1009 Maitland Center Commons Blvd		3. Mailing Address 1009 Maitland Center Commons Blvd			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210			
City & State Maitland, Florida		City & State Maitland, FL			
Zip 32751	Country	Zip 32751	Country	4. FEI Number 20-4853167	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Rodran Harrison Street Address (P.O. Box Number is Not Acceptable) 1009 Maitland Center Commons Blvd., Suite 210 City Maitland FL Zip Code 32751		
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 <u><i>Rodran Harrison</i></u> <u><i>Rodran Harrison</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, RODRAN 1009 MAITLAND COMMONS BLVD., SUITE 210 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Rodran Harrison</i></u> Rodran Harrison <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					