


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000039027- - -	
1. Entity Name FLA 2850 PROPERTY, LLC	

Principal Place of Business 281 GOSHEN DRIVE BOONE, NC 28607	Mailing Address 281 GOSHEN DRIVE BOONE, NC 28607
--	--



05082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4773155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STICKROOT, JOHN C 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131	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	MGRM LEE, RICHARD 281 GOSHEN DRIVE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, NATALIO 281 GOSHEN DRIVE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDERS, FREDERICK 281 GOSHEN DRIVE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK, F. DENNIS 281 GOSHEN DRIVE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UD00000954251
07/11/08-80005-018-138.75

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: F. Dennis Kirk F. Dennis Kirk 5/8/08 (305)238-0904

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