


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000054844</b>	
1. Entity Name 10434 PARK COMMONS DRIVE, LLC	

Principal Place of Business 10434 PARK COMMONS DRIVE ORLANDO, FL 32832	Mailing Address 6132 PARADISE POINT DRIVE PALMETTO BAY, FL 33157
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04232008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5263446	Applied For 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**

HALLER, GREGORY  
 3225 AVIATION AVE  
 500  
 MIAMI, FL 33133

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTI, NORBERTO 6132 PARADISE POINT DRIVE PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, CLORINDA 570 OSPREY LAKE CIRCLE CHULUOTA, FL 32746
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U00000925742  
 05/20/08-80040-004 138.75

**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:** *Norberto Marti* **NORBERTO MARTI** **4/23/08** **305-238-4954**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #