

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057328

Entity Name: FLORIDIAN EXPERIENCE, LLC

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

22 W. MONUMENT AVE.  
SUITE #27  
KISSIMMEE, FL 33741 US

## Current Mailing Address:

22 W. MONUMENT AVE.  
SUITE #27  
KISSIMMEE, FL 34741 US

## New Principal Place of Business:

120 BROADWAY  
SUITE 303  
KISSIMMEE, FL 34741 US

## New Mailing Address:

120 BROADWAY  
SUITE 303  
KISSIMMEE, FL 34741 US

FEI Number: 20-4993795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIBE, TIMOTHY A  
22 W. MONUMENT AVE.  
SUITE #27  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

LEIBE, TIMOTHY A  
120 BROADWAY  
SUITE 303  
KISSIMMEE, FL 34741 US

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: TIMOTHY LEIBE

04/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEIBE, TIMOTHY A  
Address: 22 W. MONUMENT AVE SUITE #27  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM ( ) Delete  
Name: DONNELLY, JOHN  
Address: BURSTON HALL, BURSTON  
City-St-Zip: NR STONE, UK ST18 0DR UK

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEIBE, TIMOTHY A  
Address: 120 BROADWAY, SUITE 303  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY LEIBE

MR

04/25/2008

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