

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000059735

1. Entity Name
TELECOM GARDENS C, LLC



Principal Place of Business
**320 W. KENNEDY BLVD., SUITE 200
TAMPA, FL 33606-1467**

Mailing Address
**320 W. KENNEDY BLVD., SUITE 200
TAMPA, FL 33606-1467**



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5030631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, E C ESQ.
1715 WEST CLEVELAND STREET
TAMPA, FL 33606**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

**U00000788034
01/18/08-80023-025 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULLER, ERIC E
320 WEST KENNEDY SUITE 200
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIAZ, DELVIS
13075 TELECOM PKWY NORTH
TEMPLE TERRACE, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ISABEL, SCOTT C
13075 TELECOM PKWY NORTH
TEMPLE TERRACE, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRITZ, DAVID
5700 WEDGEFIELD DR
ZEPHYRHILLS, FL 33541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Eric E. Muller 1-15-08 813-251-0388