


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000083456 1. Entity Name 7280 WESTPOINT BLVD UNIT 832, LLC	
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Principal Place of Business 2002 CURRY FORD RD ORLANDO, FL 32806 US	Mailing Address PO BOX 721587 ORLANDO, FL 32872 US
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DO NOT WRITE IN THIS SPACE

04282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5457023	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 MOLINA, JULIO 1820 AMBERLY AVE ORLANDO, FL 32822	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000836959
05/27/08-80030-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMOINE, SORAYA 1208 TURIS BLVD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINA, JULIO 1820 AMBERLY AVE ORLANDO, FL 32822
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**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 # _____