


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



| | |
|---|--|
| Principal Place of Business 2002 CURRY FORD RD ORLANDO, FL 32806 US | Mailing Address PO BOX 721587 ORLANDO, FL 32872 US |
|---|--|

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

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

U00000936959
 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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 # _____