2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000 705482

1. Entity Name 3424 SHADER ROAD, LLC



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

Principal Place of Business

9101 POINT CYPRESS DRIVE ORLANDO, FL 32836 US

Mailing Address

9101 POINT CYPRESS DRIVE ORLANDO, FL 32836 US



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5795007

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROFE, DUDI 9101 POINT CYPRESS DRIVE ORLANDO, FL 32836

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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

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

9.	MANAGING MEMBERS/MANAGERS
IIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM ROFE, DUDI 9101 POINT CYPRESS DRIVE ORLANDO, FL 32836 MGRM
NAME STREET ADDRESS CITY-ST-ZIP	FURMAN, RICHARD A JR 1355 PELHAM ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not quality for the

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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

4/23/08

(407)925-8338

Davime Phone #