

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 025 ***138.75

DOCUMENT # L06000111955

1. Entity Name
972 COMPANY, L.L.C.



Principal Place of Business
300 PARK AVENUE NORTH
SUITE 200
WINTER PARK, FL 32789

Mailing Address
P.O. BOX 140
WINTER PARK, FL 32790

50002952



DO NOT WRITE IN THIS SPACE

02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3540399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
GRAHAM, BUILDER, JONES, PRATT & MARKS LLP
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

**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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, LARRY E 300 PARK AVENUE NORTH, STE. 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLEN, JAMES L 2320 N. ORANGE AVENUE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

4/10/08

Date

407 645 4700

Daytime Phone #