

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90223 023 ***143.75

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03122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000003899 1. Entity Name 1676 NORTH GOLDENROD, LLC					
Principal Place of Business 9123 PHILLIPS GROVE TERRACE ORLANDO, FL 32836			Mailing Address 9123 PHILLIPS GROVE TERRACE ORLANDO, FL 32836		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$138.75 After-May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANTAGE, VIJAY 9123 PHILLIPS GROVE TERRACE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATANGE, VIJAY 9123 PHILLIPS GROVE TERR ORLANDO, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANTAGE, RITA V 9123 PHILLIPS GROVE TERRACE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATANGE, RITA 9123 PHILLIPS GROVE TERR Orlando, FL 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Vijay B. Patange</i>			VIJAY B. PATANGE 4/2/08 407 4976768		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		