


FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90017 027 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000014512 1. Entity Name FLORIDIAN LIQUID ASSETS, LLC			
Principal Place of Business 7855 CANYON LAKE CIRCLE ORLANDO, FL 34235		Mailing Address 7855 CANYON LAKE CIRCLE ORLANDO, FL 34235	
2. Principal Place of Business - No P.O. Box # 902 Carter Road Suite, Apt. #, etc. #240		3. Mailing Address 902 Carter Road Suite, Apt. #, etc. #240	
City & State Winter Garden, FL Zip 34787		City & State Winter Garden, FL Zip 34787	
4. FEI Number 20-8402162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____			
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	MGRM MERRITT-MUNSON, CAROLANN 7855 CANYON LAKE CIRCLE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNSON, CHRISTOPHER M 7855 CANYON LAKE CIRCLE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi
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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: <i>X Carolann Merritt-Munson</i> <i>Carolann Merritt-Munson</i> <i>mg</i> <i>4/24/08</i> <i>407-654-7140</i>			