


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90119 009 \*\*\*138.75

DOCUMENT # L07000102412					
1. Entity Name <b>TOWNE CENTER REALTY, LLC</b>					
Principal Place of Business <b>4115 TOWN CENTER BLVD. STE C ORLANDO, FL 32837</b>			Mailing Address <b>5229 MARBELLA ISLE DRIVE ORLANDO, FL 32837</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>510 16-1639184</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MANCUSO, LORRAINE M 5229 MARBELLA ISLE DRIVE ORLANDO, FL 32837</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Lorraine M. Mancuso</i>			DATE <b>5-8-08</b>		
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MANCUSO, LORRAINE M 5229 MARBELLA ISLE DRIVE ORLANDO, FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> Addition		
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>Lorraine M. Mancuso</i>			Date <b>5-8-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		