

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90103 001 \*1,248.75

**30000545**



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1301404** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DOCUMENT # L07000105478**

1. Entity Name  
**ALAFAYA MF TRACT 6, LLC**



Principal Place of Business  
**203 LOOKOUT PLACE, SUITE A  
C/O PARKS DEFILIPPO & ASSOC  
MAITLAND, FL 32751**

Mailing Address  
**203 LOOKOUT PLACE, SUITE A  
C/O PARKS DEFILIPPO & ASSOC  
MAITLAND, FL 32751**

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**

**W&P SERVICES, INC.  
450 N. WYMORE ROAD  
WINTER PARK, FL 32789**

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 reinstating) 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	DVT PARKS, LINDA A 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parks, Linda G.T.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LORENZOTTI, GUIDO 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYES, GEORGE L III 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEVP 4701 Central Avenue, Suite A St. Petersburg, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMMELT, VEIT 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LARRY D 203 LOOKOUT PLACE, SUITE A MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ross, Lawrence D. P.O. Box 1980, Morristown, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S David A. Webster P.O. Box 2310, Winter Park, FL 32790

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: *Linda G.T. Parks* **Linda G.T. Parks** 1-28-08 (407) 539-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #