## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 27, 2008 8:00 am Secretary of State

							Scerciary of State				
DOCUMENT # L07000107086  1. Entity Name LANHAM PRICE REALTY INTERNATIONAL, LLC							05-27-2008 90	-			
Principal Plac 419 N. MAGI ORLANDO, F	NOLIA AVENUE		Mailing Address 419 N. MAGNOLIA AVENUE ORLANDO, FL 32801 US				50005869				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 600 TURKEYLAKERP. 6000 TURKEYLA					ERO.						
Suite, Apt.	#, ētc.		Suite, Apt. #, etc.			05222008	05222008 Chg-LLC CR2E083 (12/06)				
OR LA	NDO FL		OPLANDO PL			4. FEI Numl	oer			plied For t Applicable	
3290	019 CHISA 32819		32819	Count	5. Certificate of Status D		e of Status Desired		\$5.00 Addi Fee Required		
	6. Name and Address of C	Current Reg	gistered Agent			7. Name an	d Address of New F	Registered A	lgent -		
ICARDI, JEFFREY A 2180 W. STATE ROAD 434					Name Street Address (P.O. Box Number is Not Acceptable)						
STE. 6190 LONGWOOD, FL 32779											
					City	FL Zip Code					
	named entity submits this state tions of registered agent.	ement for th	e purpose of changing its	s registere	d office or regis	stered agent, or b	oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registr	ered agent and	tibe if applicable (NC)	TÉ Becistere	Aneni signature reg	uired when reinstating)		DATE			
	Ogradia () ped or printed hand or registe	Crop agent and	(140	TE. Hogistores	- Agora agrature req	oneo wiei i dinatating)	1				
FILE NOWII! FEE IS \$138.75 Due by September 12, 2008  In accordance with liability company d				s. 607.19 d not rec	93(2)(b), F.S., eive the prior	, the limited notice.	ne limited Make check payable to litice. Florida Department of State				
9.	MANAGING	MEMBERS	/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR		☐ Delete	TITLE	·				☐ Change	☐ Addition	
NAME	D'ANTUONO, ROBERT A	١		NAME	:						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32801	ST-ZIP	-:								
NAME	MGR ICARDI, JEFFREY A	.				☐ Change	Addition				
STREET ADDRESS	J										
CITY-ST-ZIP	LONGWOOD, FL 32779									1	
TITLE	☐ Delete 1111.1								☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP	]				ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	☐ 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 fimited liability company of the receiver or trustige empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

5/22/08

Daytime Phone #