


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

04-14-2008 90225 036 ***138.75

DOCUMENT # L07000115413					
1. Entity Name FLMIC-RP, LLC					
Principal Place of Business 3504 LAKE LYNDA DRIVE 325 ORLANDO, FL 32817 US			Mailing Address 3504 LAKE LYNDA DRIVE 325 ORLANDO, FL 32817 US		
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	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04022008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COADY, CAROL P 3504 LAKE LYNDA DRIVE 325 ORLANDO, FL 32817			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	MGR FLMIC REAL PROPERTY, LLC 3504 LAKE LYNDA DRIVE, STE. 325 ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>William E. Curcio Pres.</u>			4-10-08 407-382-1402		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		