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

04-14-2008 90225 035 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000115486

1. Entity Name
FLMIC REAL PROPERTY, LLC

Principal Place of Business	Mailing Address
3504 LAKE LYNDA DRIVE SUITE 325 ORLANDO, FL 32817 US	3504 LAKE LYNDA DRIVE SUITE 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

04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1487311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COADY, CAROL P 3504 LAKE LYNDA DRIVE SUITE 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete FLORIDA LAWYERS MUTUAL INSURANCE COMPANY 3504 LAKE LYNDA DRIVE, STE. 325 ORLANDO, FL 32817	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Change ☒ Addition Florida Lawyers Mutual Insurance Company 3504 Lake Lynda Dr., Ste 325 Orlando, FL 32817
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William E. [illegible], Pres. 4-10-08 407-382-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #