


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90168 019 \*\*\*138.75

<b>DOCUMENT # L07000119127</b>					
<b>1. Entity Name</b> <b>MALLORCA CRESCENT LLC</b>					
<b>Principal Place of Business</b> <b>7150 MALLORCA CRESCENT</b> <b>BOCA RATON, FL 33433</b>			<b>Mailing Address</b> <b>7150 MALLORCA CRESCENT</b> <b>BOCA RATON, FL 33433</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JUDSON, SUNDEL</b> <b>7150 MALLORCA CRESCENT</b> <b>BOCA RATON, FL 33433</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
<b>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.</b>				<b>FL</b> Zip Code	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008 Fee will be \$538.75</b> </div> <div style="width: 60%; text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>JUDSON, SUNDEL</b> <b>7150 MALLORCA CRESCENT</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Sundel Judson</i>			Date: <i>4/15/08</i> Daytime Phone #: <i>561-882-1880</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					