## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DÖCUMENT #L07000121910 Entity Name 08 APR 30 PM 2: 13 FERNCREEK-CONCORD, LLC SECRETARY OF STATE TALLAHA STUDZINIO A Principal Place of Business Mailing Address 111 WEBSTER AVENUE 111 WEBSTER AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chq-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Zio Country Zip. Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, CARLA DELOACH Street Address (P.O. Box Number is Not Acceptable) 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 City Zip Code FL8. 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 18 applicable. (NOTE: Registered Agent signature required when reinstating) : Mäke check päyable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State. MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE Delete Change ☐ Addition FINWALL, THOMAS C KAME NAME STREET ADDRESS 111 WEBSTER AVENUE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition FINWALL, THOMAS J.W. NAME NAME STREET ADDRESS 111 WEBSTER AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete MILE ☐ Change ■ Addition NAME HALE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 11. I hereby certify that the information supplied with this filling 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 it 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: SONATURE AND TYPED OR PRINTED NAME OF EIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone 6

04-11-2008 90177 001 \*\*\*138.75

## CARLA DELOACH BRYANT ATTORNEYS & COUNSELORS AT LAW, P.A.

**ATTACHMENT** 

016121000101

April 3, 2008

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Annual Business Report for Ferncreek-Lakeview, LLC

Dear Sir or Madam:

Enclosed please find the 2008 Uniform Business Report for Ferncreek-Lakeview, LLC and a check, made payable to the Florida Department of State in the amount of one hundred thirty-eight dollars and seventy-five cents (\$138.75).

If you have any questions regarding this filing, please contact my office.

l remain

Very truly yours,

Jeff DeRosier For the Firm

JLD/jd enclosures

----- PROFESSIONAL ASSOCIATION --