

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90034 006 \*\*\*138.75

DOCUMENT # L07000127885			
1. Entity Name <b>PATRIOTS LANDING DEVELOPMENT, LLC</b>			
Principal Place of Business <b>665 HAROLD AVE WINTER PARK, FL 32789</b>		Mailing Address <b>665 HAROLD AVE WINTER PARK, FL 32789</b>	
2. Principal Place of Business - No P.O. Box # <b>1501 W. Colonial Dr.</b>		3. Mailing Address <b>P.O. Box 547756</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32804</b>		Zip <b>32804-7756</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>26-1638698</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NADER, MICHAEL 665 HAROLD AVE WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1501 W. Colonial Dr.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32804</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. SIGNATURE <u><i>Michael A. Nader</i></u> <b>Michael A. Nader, MGR</b> <b>4-29-08</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Michael A. Nader</i></u> <b>Michael A. Nader</b>		<b>4-29-08</b> <b>407-622-7100</b> <small>Date Daytime Phone #</small>	