2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060365

Entity Name: 10800 DYLAN LOREN CIRCLE, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
7824 LAKE UNDERHILL SUITE A ORLANDO, FL 32822	10800 DYLAN LOREN CIRCLE SUITE 102 ORLANDO, FL 32825

Current Mailing Address:	**New Mailing Address:**
7824 LAKE UNDERHILL SUITE A ORLANDO, FL 32822	10800 DYLAN LOREN CIRCLE SUITE 102 ORLANDO, FL 32825

FEI Number: **FEI Number Applied For ( )**   **FEI Number Not Applicable (X)**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 US	

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.

SIGNATURE: _____

                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	MOORE, KEITH R	Name:	MOORE, KEITH R
Address:	7824 LAKE UNDERHILL, STE. A	Address:	10800 DYLAN LOREN CIRCLE SUITE 102
City-St-Zip:	ORLANDO, FL 32822	City-St-Zip:	ORLANDO, FL 32825
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	SHAIHK, ANIQ	Name:	SHAIHK, ANIQ
Address:	7824 LAKE UNDERHILL, STE. A	Address:	10800 DYLAN LOREN CIRCLE SUITE 102
City-St-Zip:	ORLANDO, FL 32822	City-St-Zip:	ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH MOORE   MGR   04/30/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date