

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000513

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MAYBAR 101 ASSOCIATES, LLC

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779

**New Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 UN

**Current Mailing Address:**

P.O. BOX 917297  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 20-1046657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GROSS, ANDREW L  
195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: GROSS, ANDREW L  
Address: 195 WEKIVA SPRINGS ROAD, SUITE 200  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR  
Name: MAYBAR MANAGEMENT CORP  
Address: 195 WEKIVA SPRINGS ROAD, SUITE 200  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: ANDREW L GROSS

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date