

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113204

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** MAYBAR 201 ASSOCIATES, LLC

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 917297  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 27-0708616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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

**Title:** P  
**Name:** GROSS, ANDREW L  
**Address:** PO BOX 917297  
**City-St-Zip:** LONGWOOD, FL 32791

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

05/02/2010

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