

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000613

1. Entity Name
MAITLAND PROPERTY GROUP, L.L.C.



Principal Place of Business
240 LOOKOUT PLACE
MAITLAND, FL 32751

Mailing Address
240 LOOKOUT PLACE
MAITLAND, FL 32751



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3506062

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUDD, ROBERT P
240 LOOKOUT PLACE
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000015633
01/28/04-80021-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROUSE, MICHAEL D
240 LOOKOUT PLACE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COX, PAMELA J
240 LOOKOUT PLACE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROUSE, RACHELLE L
240 LOOKOUT PLACE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RUDD, ROBERT P
240 LOOKOUT PLACE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #