

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 041 ****55.00

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**

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3506062

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

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, 2006**

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

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IN THIS SPACE**

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: *Michael Rouse* *1/6/06* *407-644-5775*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #