


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90187 025 ***138.75

DOCUMENT # L99000000945		
1. Entity Name ANTONIOU PROPERTIES OF FLORIDA, LLC		
Principal Place of Business 5101 ORANGE BLOSSOM KISSIMMEE, FL 34758		Mailing Address 10563 DORCHESTER WAY WOODSTOCK, MD 21163
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 1446
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State ELLCOTT CITY, MD
Zip	Country	Zip 21041-1446



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 38-3456038	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEIDENRICH, LEWIS H 243 N W 121 TERR CORAL SPRINGS, FL 33071	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

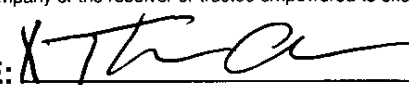
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM ANTONIOU, THOMAS S	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	9724 TREYBURN CT. ELLCOTT CITY, MD 21042		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME	MGRM SMITH, VANESSA A	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	631 KENSINGTON AVE SEVERNA PARK, MD 21146		STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		

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:  **THOMAS S. ANTONIOU** 4-4-2008 (443)-286-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #