2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000004127

1. Entity Name

MAITLAND CENTER LLC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

12791 W. FOREST HILLS BLVD. SUITE 5B WELLINGTON, FL 33414

12791 W. FOREST HILLS BLVD. SUITE 5B WELLINGTON, FL 33414



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1707912 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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The above named entity submits this statement for the purpose of change the obligations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required whon reinstating)	DATE
		110000000000000000000000000000000000000

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000942017 05/29/08-80001-020 143.75

J.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	FIRST BAINBRIDGE CONVERSION LLC	
STREET ADDRESS	12791 W FOREST BLVD 5-B	
CITY+ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the ex		

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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:	MMM
SIGNATURE:	

Rick Giles

4/ 29/08

561-333-3669

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

Date

Daytime Phone #