

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

104  
**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M04000004128**

1. Entity Name  
**MAITLAND CROSSING LLC**



Principal Place of Business  
**12791 W. FOREST HILLS BLVD. SUITE 5B  
WELLINGTON, FL 33414**

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



04202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1707914</b>	Applied For <b>Not Applicable</b>
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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**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIRST BAINBRIDGE CONVERSION LLC 12791 W FOREST HILL BLVD #5B WEST PALM BEACH, FL 33414</b>
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05/21/07-80008-017-55:00

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 J Keady**

**4/26/07**

**561-333-3669**

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

Date

Daytime Phone #