

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90038 001 \*\*\*100.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000006304**

1. Entity Name  
**EXECUTIVE SUITES OF ORLANDO, LLC**

Principal Place of Business Mailing Address  
**2109 TUSCARORA TRAIL 2109 TUSCARORA TRAIL**  
**MAITLAND FL 32751 MAITLAND FL 32751**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEL Number **59-3724088** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHIGHAM, FRANK C**  
**200 W. FIRST ST.**  
**SANFORD FL 32771**

**7. Name and Address of New Registered Agent**

Name **ROBERT L. CRAMER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2109 TUSCARORA TRAIL**  
City **MAITLAND FL** Zip Code **32751**

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 *Robert L. Cramer* **ROBERT L. CRAMER** **8-25-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORRIS, FRED B</b> <b>214 MORTAN LANE</b> <b>WINTER SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORRIS, ARGENTINA</b> <b>214 MORTAN LANE</b> <b>WINTER SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REVOCABLE TRUST AGREEMENT ROBERT L CRAMER</b> <b>2109 TUSCARORA TRAIL</b> <b>MAITLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert L. Cramer* **ROBERT L. CRAMER** **8-25-02** **407-647-4478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)