


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020763

1. Entity Name
918 SOUTH ORANGE, LLC



Principal Place of Business 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806	Mailing Address 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806
---	---

DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3656101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, PAUL W
918 SOUTH ORANGE AVENUE
ORLANDO, FL 32806

**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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**


000000114293
04/15/04-80044-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUTLEDGE, LAWRENCE M 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATERS, PAUL W 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  4/12/04 407 4239493

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