


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000048734</b>	
1. Entity Name <b>ORLANDO ESPRIT LLC</b>	

Principal Place of Business <b>3717 CRESCENT PARK BLVD. ORLANDO FL 32812 US</b>	Mailing Address <b>3717 CRESCENT PARK BLVD. ORLANDO FL 32812 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3717 Crescent Pk Blvd.</b>	3. Mailing Address <b>3717 Crescent Pk. Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>Orlando, Fla</b>	City & State <b>Orlando, Fla</b>
Zip <b>32812</b>	Zip <b>32812</b>
Country <b>Orange</b>	Country <b>Orange</b>

4. FEI Number <b>20-1462627</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FISHER, EVELYN F 3717 CRESCENT PARK BLVD. ORLANDO FL 32812</b>	
7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> 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 <i>Evelyn F. Fisher</i> <b>3/5/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, GREGORY D 3717 CRESCENT PARK BLVD. ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000659578</b> <b>03/16/07-80036-009 50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, EVELYN F 3717 CRESCENT PARK BLVD. ORLANDO FL 32812 <input type="checkbox"/> Delete	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"/> Delete	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"/> 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"/> Delete	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 exemptions contained in Section 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 <i>Evelyn F. Fisher</i> <b>3/5/07 (407) 854 8559</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date</small>	<small>Telephone Phone #</small>