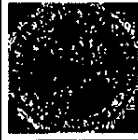


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000002503

1. Entity Name
 ORLANDO OUTLET OWNER LLC



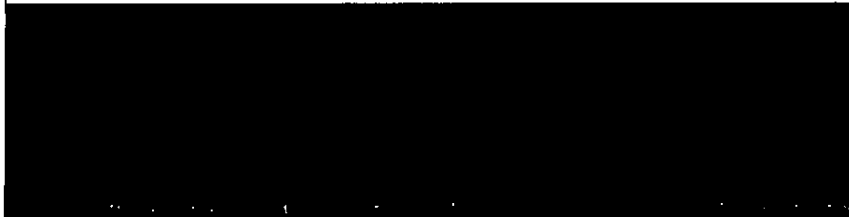
Principal Place of Business ATTN: LYNETTE HAMDI 326 THIRD STREET LAKEWOOD, NJ 08701	Mailing Address ATTN: LYNETTE HAMDI 326 THIRD STREET LAKEWOOD, NJ 08701
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01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2288345	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR
 STE 4
 WESTON, FL 33331

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

0000000825286
 02/21/08-80003-009 416.25

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORLANDO OUTLET & DESIGN OWNER LLC 326 THIRD STREET LAKEWOOD, NJ 08701
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Lynette Hamdi Lynette Hamdi 1-9-08 732-267-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #