

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:55

DOCUMENT # M05000002530

1. Entity Name
ORLANDO DESIGN CENTER LLC

Principal Place of Business
C/O THE LIGHTSTONE GROUP
326 THIRD STREET
LAKEWOOD, NJ 08701

Mailing Address
C/O THE LIGHTSTONE GROUP
326 THIRD STREET
LAKEWOOD, NJ 08701

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

5. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

6. Name and Address of New Registered Agent
Name: Registered Agents Legal Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1333 N. Duval Street
City: Tallahassee FL Zip Code: 32303

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: Michael W. Ashley **MICHAEL W. ASHLEY** 7/26/06
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND SEE IF APPLICABLE (NOT: Registered Agent's or the LLC's address as on its filing) DATE

Filing Fee is \$50.00 Due by September 8, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO OUTLET & DESIGN OWNER LLC 326 THIRD STREET LAKEWOOD, NJ 08701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 609, Florida Statutes.

SIGNATURE: David Lichtenstein 7-25-06 738-367-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dever's Phone #



40102700
[Barcode]

07262006 Chg-LLC CR2E083 (11/05)
FEI Number: 20-2528849 Applied For: Not Applicable