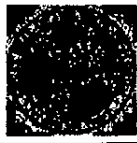


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M05000002530**

1. Entity Name  
 ORLANDO DESIGN CENTER LLC



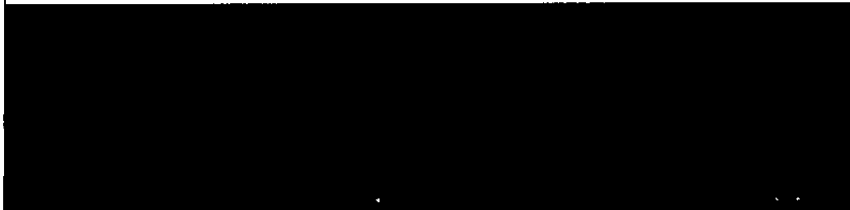
Principal Place of Business ATTN: LYNETTE HAMDI 326 THIRD STREET LAKEWOOD, NJ 08701	Mailing Address ATTN: LYNETTE HAMDI 326 THIRD STREET LAKEWOOD, NJ 08701
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01092008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-2528849	Applied For
	Not Applicable

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**

U00000825288  
 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      732-367-0129 x138

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