
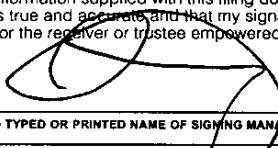


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

DOCUMENT # M07000006735					
1. Entity Name ORLANDO EVENTS CENTER ENTERPRISES, LLC					
Principal Place of Business 8701 MAITLAND SUMMIT BLVD. ORLANDO, FL 32810			Mailing Address 8701 MAITLAND SUMMIT BLVD. ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1321611	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM ORLANDO MAGIC, LTD.	<input type="checkbox"/> Delete	TITLE NAME	James T. Fritz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD.		STREET ADDRESS	8701 Maitland Summit Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando, FL 32810	
TITLE NAME	P VANDERWEIDE, BOB	<input type="checkbox"/> Delete	TITLE NAME	Stephen Griggs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD		STREET ADDRESS	8701 Maitland Summit Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando, FL 32810	
TITLE NAME	V TUBERGEN, JERRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	Bobby Bridges	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	126 OTTAWA AVE NW, STE 500		STREET ADDRESS	8701 Maitland Summit Blvd.	
CITY-ST-ZIP	GRAND RAPIDS, MI 49503		CITY-ST-ZIP	Orlando, FL 32810	
TITLE NAME	TS SCHIERBEEK, ROBERT H	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	126 OTTAWA AVE NW, STE 500		STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS, MI 49503		CITY-ST-ZIP		
TITLE NAME	V LAMBERT, JEFFREY K	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	126 OTTAWA AVE NW, STE 500		STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS, MI 49503		CITY-ST-ZIP		
TITLE NAME	C MARTINS, ALEX	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		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 correct 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: 			Date: 4/24/08 Daytime Phone #: 407-916-2400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					