

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 19, 2006  
Secretary of State**

DOCUMENT# M99000001987

Entity Name: FOA ORLANDO LLC

**Current Principal Place of Business:**

165 SOUTH UNION BLVD., SUITE 510  
LAKEWOOD, CO 80228

**New Principal Place of Business:**

**Current Mailing Address:**

165 SOUTH UNION BLVD., SUITE 510  
LAKEWOOD, CO 80228

**New Mailing Address:**

FEI Number: 52-2204985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLIANCE COMMERCIAL, PARTNERS, LLC  
Address: 165 SOUTH UNION BLVD., SUITE 510  
City-St-Zip: LAKEWOOD, CO 80228

Title: MGRM ( ) Delete  
Name: MCCORMICK, DOUGLAS  
Address: 165 SOUTH UNION BLVD., SUITE 510  
City-St-Zip: LAKEWOOD, CO 80228

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS MCCORMICK

MGRM

01/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date