

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 11, 2005  
Secretary of State**

DOCUMENT# L04000053293

Entity Name: ORLANDO INVESTMENTS, LLC

**Current Principal Place of Business:**

8927 SW 36 STREET  
MIAMI, 33165

**New Principal Place of Business:**

8927 SW 36 STREET  
MIAMI, FL 33165

**Current Mailing Address:**

8927 SW 36 STREET  
MIAMI, 33165

**New Mailing Address:**

8927 SW 36 STREET  
MIAMI, FL 33165

FEI Number: 90-0189576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SANTOS, ORLANDO  
8927 SW 36 STREET  
MIAMI, FL 33165 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SANTOS, ORLANDO  
Address: 8927 SW 36 STREET  
City-St-Zip: MIAMI, FL 33165

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

Title: MGRM ( ) Delete  
Name: HORTA, ORLANDO  
Address: 2 NE 1ST  
City-St-Zip: MIAMI, FL 33132

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 Section 119.07(3)(i), 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: ORLANDO SANTOS

M

07/11/2005

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