2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013647

Current Principal Place of Business:

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32835

10939 WOODCHASE CIR.

ORLANDO, FL 32836

POONAWALA, HUSSEIN

ORLANDO, FL 32836

10939 WOODCHASE CIR.

MGRM

MGRM

ALI, NIZAR

() Delete

(X) Delete

Entity Name: GREATER ORLANDO MERCHANT'S ASSOCIATION, L.L.C.

FILED Aug 11, 2006 Secretary of State

New Principal Place of Business:

7061 GRAND NATIONAL DR. 119 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** 7061 GRAND NATIONAL DR. ORLANDO, FL 32819 FEI Number: 59-3694330 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: ALI, NIZAR 7061 GRAND NATIONAL DR. 119 ORLANDO, FL 32819 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: MGRM Title: MGRM () Delete (X) Change () Addition GULAMALI, RAMZAN Name: LALANI AMIN Name: 7061 GRAND NATIONAL DR. #119 Address: 7061 GRAND NATIONAL DR. #119 Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: ORLANDO, FL 32819 (X) Change () Addition Title: MGRM () Delete Title: MGRM PABANI, AZIZ S Name: KHWAJA, AMIN S Name: Address: 7061 GRAND NATIONAL DR. #119 Address: 8979 HERITAGE BAY CIRCLE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32836 Title: MGRM () Delete Title: MGRM (X) Change () Addition SHAFEEQ, ALI DEEPANKAR, DILIP Name: Name: 1402 COUNTRY RIDGE PLACE 1690 WEST AIRPORT BLVD Address: Address:

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SANFORD, FL 32773

() Change () Addition

() Change () Addition

SIGNATURE: NIZAR ALI MGRM 08/11/2006