

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015511</b>						
1. Entity Name <b>SORRENTO HILLS PROPERTIES, L.L.C.</b>						
Principal Place of Business <b>1411 EDGEWATER DR. ORLANDO, FL 32804</b>	Mailing Address <b>1411 EDGEWATER DR. ORLANDO, FL 32804</b>	  01272006 No Chg-LLC      CRZE083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>59-3701199</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-3701199</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>HEWITT, ROBERT W 1411 EDGEWATER DR. ORLANDO, FL 32804</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)</small>						
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2006</div><div>02/27/06-80025-002 50.00</div></div>						
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	MGRM					
NAME	HEWITT, ROBERT W					
STREET ADDRESS	1411 EDGEWATER DR.					
CITY-ST-ZIP	ORLANDO, FL 32804					
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: <u>Robert W. Hewitt</u>		Date: <u>2/14/06</u> Daytime Phone #: <u>407-318-7370</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>						