

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000877

1. Entity Name
NATIONWIDE OCOEE PLAZA, LLC



Principal Place of Business
**100 NORTH LASALLE STREET, SUITE 1111
CHICAGO, IL 60602**

Mailing Address
**939 LONGDALE AVE
LONGWOOD, FL 32750**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4272153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENKHAUS, BARBARA
939 LONGDALE AVE
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000578584
01/09/07-80035-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
NAME
NATIONWIDE REAL ESTATE, INC.
STREET ADDRESS
100 N. LASALLE ST., #1111
CITY-ST-ZIP
CHICAGO, IL 60602

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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: *Jonathan L. Smith* **JONATHAN L. Smith**
Signature and typed or printed name of signing managing member, or authorized representative. **Authorized Rep.** 1/5/07 (312) 345-1111
Date Daytime Phone #