


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90079 008 \*\*\*\*50.00

<b>DOCUMENT # L01000003125</b>	
1. Entity Name <b>SOUTH ORLANDO REALTY, L.L.C.</b>	

Principal Place of Business <b>2345 SAND LAKE RD., STE. 120 ORLANDO, FL 32809</b>	Mailing Address <b>2345 SAND LAKE RD., STE. 120 ORLANDO, FL 32809</b>
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**20066143**

2. Principal Place of Business <b>8680 Commidity Cir</b>	3. Mailing Address <b>8680 Commidity Cir</b>
Suite, Apt. #, etc. <b>200B</b>	Suite, Apt. #, etc. <b>200B</b>
City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32819</b>	Country <b>US</b>

07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3706249</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KORSHAK, STEPHEN D KORSHAK &amp; BEAULIEU 2345 SAND LAKE RD., STE. 120 ORLANDO, FL 32809</b>	7. Name and Address of New Registered Agent Name <b>Stephen D. Korshak</b> Street Address (P.O. Box Number is Not Acceptable) <b>8680 Commidity Cir. Suite 200B</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32819</b>
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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 	DATE

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 2345 SAND LAKE RD., STE. 120 ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Korshak Stephen D 8680 Commidity Cir Orlando FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date _____ Daytime Phone # _____