

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90085 009 ****50.00

DOCUMENT # L01000003430

1. Entity Name
OVIEDO COMMERCE CENTER, L.L.C.



Principal Place of Business

815 ORIENTA AVENUE
#1040
ALTAMONTE SPRINGS, FL 32701

Mailing Address

815 ORIENTA AVENUE
#1040
ALTAMONTE SPRINGS, FL 32701



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3702031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFFLER, GLEN A
815 ORIENTA AVENUE
31040
ALTAMONTE SPRINGS, FL 32701

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEFFLER, GLEN A
STREET ADDRESS	815 ORIENTA AVENUE #1040
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	MGRM
NAME	VIELE, GEORGE
STREET ADDRESS	301 CAROLYN AVE.
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	MGRM
NAME	RUDOLPH, DONALD
STREET ADDRESS	1774 LAKE BERRY DR.
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Glen A. Leffler, Mng. Member 1/17/07 407/830-1414