

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003430

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

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

815 ORIENTA AVENUE  
#1040  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

815 ORIENTA AVENUE  
#1040  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 59-3702031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: LEFFLER, GLEN A  
Address: 815 ORIENTA AVENUE #1040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: VIELE, GEORGE  
Address: 301 CAROYLYN AVE.  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: RUDOLPH, DONALD  
Address: 1774 LAKE BERRY DR.  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GLEN A. LEFFLER

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date