

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90002 043 ****50.00

DOCUMENT # L01000011837



1. Entity Name
ORLANDO INVESTMENT REALTY, LLC

Principal Place of Business
1744 GULF WIND CT.
APOPKA, FL 32712

Mailing Address
1744 GULF WIND CT.
APOPKA, FL 32712

2. Principal Place of Business
215 Celebration Pl

3. Mailing Address
215 Celebration Pl

Suite, Apt. #, etc.
170

Suite, Apt. #, etc.
170

City & State
Celebration, FL

City & State
Celebration, FL

Zip
34747

Country
USA

Zip
34747

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3732663

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUBOIS, MARILYN
1744 GULF WIND CT.
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name
Mia A. Thomas

Street Address (P.O. Box Number is Not Acceptable)

215 Celebration Pl #170

City **Celebration** FL Zip Code **34747**

B. 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

M. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

3/14/03

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUBOIS, MARILYN
1744 GULFWIND COURT
APOPKA, FL 32712 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STOKER, PETER
1744 GULFWIND COURT
APOPKA, FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STOKER, MVONAZ
1744 GULFWIND COURT
APOPKA, FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Peter Stoker
c/o CFSE, 215 Celebration Place, #170
Celebration, FL 34747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Mvonaz Stoker
c/o CFSE, 215 Celebration Place #170
Celebration, FL 34747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

I1. 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:

P. Stoker Vice President

25/3/03

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

Date

Daytime Phone #

CR2E083 (10/02)