


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000004462 1. Entity Name METRO PARK BUILDING ONE, LLC	
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Principal Place of Business 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US	Mailing Address 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US
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01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0996628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SKORMAN, MARC MGR 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR SKORMAN, MARC 6000 METROWEST BLVD. #111 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKURMAN, KEVIN 6000 METROWEST BLVD. #111 ORLANDO, FL 32835
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<p>U000000697552 04/18/07-80045-011 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: MARC SKORMAN, MANAGER 4/5/07 407 253-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #