


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000005033	
1. Entity Name ORLANDO HOLIDAY HOMES, L.L.C.	

Principal Place of Business 116-B POLO PARK EAST BLVD. DAVENPORT, FL 33897	Mailing Address 116-B POLO PARK EAST BLVD. DAVENPORT, FL 33897
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DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0568610	Applied For
	Not Applicable

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 CATHCART, CHRISTOPHER C 210 N. WYMORE ROAD WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMPSEY, HEIDI 10636 HOLLYCREST DRIVE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNY, GARRETT 8820 PHILLIPS BAY DRIVE ORLANDO, FL 32836
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02/19/08-80021-024 138.75

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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:  Date _____ Daytime Phone # _____

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