2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 14 PM 4:04

lr 7/23

DOCUMENT # L02000007425

1. Entity Name
ORLANDO GOLF, LLC

Principal Place of Business	Mailing Address
7121 GRAND NATIONAL DR., STE. 101 ORLANDO, FL 32819	7121 GRAND NATIONAL DR., STE. 101 ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
4484 34TH STREET	4484 34TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL 32811	City & State: ORLANDO, FL 32811
Zip: 32811 Country: USA	Zip: 32811 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number — Applied For / ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

ANSARI, TAHIR
7121 GRAND NATIONAL DR., STE. 101
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4484 34TH STREET
City: ORLANDO FL Zip Code: 32811

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] 5/19/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

TAHIR ANSARI

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

$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE	MEMBER	☐ Delete
NAME	JASMINE ANSARI	
STREET ADDRESS	4484 34TH STREET	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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	600019850706 05/23/03--01090--005 **50.00	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (10/02)

11. 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: [signature] 5/19/03 407-426-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TAHIR ANSARI