

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011094

1. Entity Name
NORTH ORLANDO LAND, LLC



Principal Place of Business
**10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

Mailing Address
**10172 LINN STATION ROAD
LOUISVILLE, KY 40223**



01312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3859016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NICHOLS, J.D
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAVIN, BRIAN F
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
WELLS, GREGORY A
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
TAFEL, ROSANN D
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
PITCHFORD, DAVID P
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
HOWARD, SUSAN M
10172 LINN STATION ROAD
LOUISVILLE, KY 40223**

U00000548871
05/12/06-80082-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4/20/06

Date

(502) 426-4800

Daytime Phone #

Susan M. Howard, VPI Secretary