

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000738098
CITY-ST-ZIP 05/11/07-80055-006 50.00

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

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

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: Susan M. Howard, VP/Sec Susan M. Howard 4/10/07 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

POSTING AUTHORITY

Date _____
Profit Center _____
Account Code _____
Job Cost _____
Property / Project Manager _____
Property / Project Senior Manager _____
Accountant _____ Date _____
Acctg Manager _____ Date _____
Acctg Manager _____ Date _____

FILED

Apr 27, 2007 08:00 AM

Secretary of State



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3859016 Applied For Not Applicable

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