

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011094

FILED
Apr 20, 2009
Secretary of State

Entity Name: NORTH ORLANDO LAND, LLC

Current Principal Place of Business:

10172 LINN STATION ROAD
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

10172 LINN STATION ROAD
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 22-3859016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLS, J D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: P () Delete
Name: LAVIN, BRIAN F
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: EV () Delete
Name: WELLS, GREGORY A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: SV () Delete
Name: TAFEL, ROSANN D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VT () Delete
Name: PITCHFORD, DAVID P
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VS () Delete
Name: HOWARD, SUSAN M
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICHOLS, J D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: WELLS, GREGORY A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: SVP (X) Change () Addition
Name: TAFEL, ROSANN D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

VS

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date