

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 003 ****50.00

20041148



DOCUMENT # L02000019214 1. Entity Name ORLANDO PROPERTY SERVICES, LLC					
Principal Place of Business 2629 WAVERLY BARN RD. #122 DAVENPORT, FL 33897			Mailing Address 2629 WAVERLY BARN RD. #122 DAVENPORT, FL 33897		
2. Principal Place of Business 9350 W. HWY 192 Suite, Apt. #, etc. SUITE 105 City & State CLERMONT FL Zip 34714		3. Mailing Address 9350 W. HWY 192 Suite, Apt. #, etc. SUITE 105 City & State CLERMONT FL Zip 34714		04202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 81-0563892				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, JEFFREY 2629 WAVERLY BARN RD. DAVENPORT, FL 33897	
7. Name and Address of New Registered Agent Name SMITH JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 9350 W. HWY 192 SUITE 105 City CLERMONT FL Zip Code 34714				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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JEFFREY 9350 W HWY 192, STE 105 CLERMONT, FL 34714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____		04/26/06 863 420 6555			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			