2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L02000020763

1. Entity Name 918 SOUTH ORANGE, LLC



FILED Jun 04, 2007 08:00 AM Secretary of State

Principal Place of Business

918 SOUTH ORANGE AVENUE ORLANDO, FL 32806 US

Mailing Address
PAUL W. WATERS
P.O. BOX 560047
ORLANDO, FL 32856-0047 US



05312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3656101 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, PAUL W 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806

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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 September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PRES WATERS, PAUL W 918 SOUTH ORANGE AVENUE ORLANDO, FL 32806		U0000070777
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000765710 06/04/07-80001-020 50.00
NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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.			