

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-10-2004 90015 001 ***100.00

DOCUMENT # L02000021986			
1. Entity Name OSCEOLA COUNTY INNVESTMENTS, LLC			
Principal Place of Business 2145 E. IRLO BRONSON HWY KISSIMMEE, FL 34744		Mailing Address 2145 E. IRLO BRONSON HWY KISSIMMEE, FL 34744	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1233532		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, AAMIR 2145 E. IRLO BRONSON HWY KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent VINOD (VINNIE) APORA 7232 SAND LAKE RD, STE 201 ORLANDO FL 32819	
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 reappointing)			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NANITALWALA, KHALIL 2145 E IRLO BRONSON HWY KISSIMMEE, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KHAN, AAMIR 2145 E IRLO BRONSON HWY KISSIMMEE, FL 34744 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR REGISTERED REPRESENTATIVE			

34008968



05052004 Chg-LLC CR2E083 (10/03)

JUN-24-2004 01:18PM FROM-

Attachment
34008968

T-308 P.001/001 F-259

5/18/2004 00015-001-\$100.00-\$50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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City & State FL 34744		City & State FL 34744																																	
Zip 34744		Country USA																																	
6. Name and Address of Resident Registered Agent JOHAN, AMMER 2145 E. WLO BRIDSON HWY KISSIMMEE, FL 34744		7. Name and Address of Non-Resident Agent VINOD (VINNIE) ARORA 733A SAND LAKE RD. STE 201 ORLANDO FL 32819																																	
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: <u>Vinod Arora</u> Date: <u>6/24/04</u>																																			
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SIGNATURE: <u>Vinod Arora</u>																																			



05052004 CHG-LLC CPM0000 (15/00)

34008968
A. Certified Status Desired ☐ B. Add'l Information Fee Required ☐

6/24/04