


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-03-2005 90426 021 ****50.00

DOCUMENT # L02000021986 1. Entity Name OSCEOLA COUNTY INNVESTMENTS, LLC	
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Principal Place of Business 2145 E. IRLO BRONSON HWY KISSIMMEE, FL 34744	Mailing Address 2145 E. IRLO BRONSON HWY KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE

05292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1233532	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

**ARORA, VINOD (VINNIE)
7232 SAND LAKE RD, STE 201
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANITALWALA, KHALIL 2145 E IRLO BRONSON HWY KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SANAZED HAQUE** 6-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #