


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90256 006 \*\*\*\*55.00

DOCUMENT # L02000033841			
1. Entity Name GREATER ORLANDO AREA REAL ESTATE, LLC			
Principal Place of Business 10190 CYPRESS VINE DR ORLANDO FL 32827		Mailing Address 10190 CYPRESS VINE DR ORLANDO FL 32827	
2. Principal Place of Business - No P.O. Box # 10190 Cypress Vine Dr.		3. Mailing Address 10190 Cypress Vine Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando, FL	
Zip 32827	Country USA	Zip 32827	Country USA
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE STE. 340 MAITLAND FL 32751		7. Name and Address of New Registered Agent Name Robert Donenfeld Street Address (P.O. Box Number is Not Acceptable) 10190 Cypress Vine Dr. City Orlando FL Zip Code 32827	
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 Robert Donenfeld <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> DATE			
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DONENFELD, ROBERT 10196 CYPRESS VINE DR ORLANDO FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert Donenfeld		4/7/07 (407) 761-7977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			