2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004635

Entity Name: 505 ORTON, LLC

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 ORTON AVE

FORT LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

C/O FLYING CLOUD MOTEL 505 ORTON AVE

533 ORTON AVE FORT LAUDERDALE, FL 33304

FORT LAUDERDALE, FL 33304

FEI Number: 81-0596417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBENEDICTIS, ROBERT N 511 BAYSHORE DRIVE **APT 405**

FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Change () Addition () Delete

DEBENEDICTIS, ROBERT Name: Name: Address: 227 E. 56 STREET, SUITE 400 Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

GALLUCCIO, PAUL D Name: Name: Address: 533 ORION AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip:

Title: () Delete Title: MGR () Change (X) Addition

Name: MARTINO, SUSAN A Name: Address: Address: 717 BREAKERS AVE

City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL A GALLUCCIO **MGRM** 04/10/2008