


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 014 ****50.00

DOCUMENT # L03000005606 1. Entity Name NORTHEAST ORLANDO REALTY, L.L.C.					
Principal Place of Business 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809			Mailing Address 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809		
2. Principal Place of Business 8680 Commidity Cir Suite, Apt. #, etc. 200B City & State Orlando FL Zip 32819		3. Mailing Address 8680 Commidity Cir Suite, Apt. #, etc. 200B City & State Orlando FL Zip 32819		07192005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2331648		<input type="checkbox"/> 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 KORSHAK, STEPHEN D 2345 SAND LAKE ROAD, SUITE 120 KORSHAK & BEAULIEU ORLANDO, FL 32809			
7. Name and Address of New Registered Agent Name Stephen D. Korshak Street Address (P.O. Box Number is Not Acceptable) 8680 Commidity Cir Suite 200B City Orlando FL Zip Code 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><i>Stephen D. Korshak</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Korshak, Stephen D 8680 Commidity Cir Suite 200B Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Stephen D. Korshak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	