## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000005606**

1. Entity Name

NORTHEAST ORLANDO REALTY, L.L.C.



FILED Aug 20, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

950 S. WINTER PARK DRIVE, SUITE 107 CASSELBERRY, FL 32707 US 950 S. WINTER PARK DRIVE, SUITE 107 CASSELBERRY, FL 32707 US



08152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2331648 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE SUITE 200B ORLANDO, FL 32819

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
Fil Due I	ling Fee is \$50.00 by September 14, 2007		000000772430 08/20/07-80003-010 58.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 950 S. WINTER PARK STE 107 CASSELBERRY, FL 32707		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN <sup>-</sup>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE