

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-04-2005 90079 011 \*\*\*\*50.00

**DOCUMENT # L03000005608**

1. Entity Name  
**SOUTHEAST 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 Commodity Cr**  
Suite, Apt. #, etc.  
**200B**

3. Mailing Address  
**8680 Commodity Cr**  
Suite, Apt. #, etc.  
**200B**

City & State  
**Orlando FL**

Zip  
**32819**

Country  
**US**

07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2331640**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KORSHAK, STEPHEN D  
KORSHAK & BEAULIEU  
2345 SAND LAKE ROAD, SUITE 120  
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 Commodity Cir**

City  
**Orlando**

State  
**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

*Stephen D. Korshak*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Korshak Stephen D 8680 Commodity 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:**

*Stephen D. Korshak*

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

Date

Daytime Phone #