


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-04-2005 90079 010 \*\*\*\*50.00

<b>DOCUMENT # L03000005615</b>					
<b>1. Entity Name</b> NORTHWEST ORLANDO REALTY, L.L.C.					
<b>Principal Place of Business</b> 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809			<b>Mailing Address</b> 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809		
<b>2. Principal Place of Business</b> 8680 Commidity Cir.		<b>3. Mailing Address</b> 8680 Commidity Cir			
Suite, Apt. #, etc. 200B		Suite, Apt. #, etc. 200B			
City & State Orlando FL		City & State Orlando FL			
Zip 32819	Country US	Zip 32819	Country US	<b>4. FEI Number</b> 56-2331645	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  KORSHAK, STEPHEN D C/O KORSHAK & BEAULIEU 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809			<b>7. Name and Address of New Registered Agent</b>  Name Stephen D. Korshak Street Address (P.O. Box Number is Not Acceptable)  8680 Commidity Cir City Orlando FL Zip Code 32819		
<b>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.</b> SIGNATURE <u>Stephen D. Korshak</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stephen D. Korshak</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					