2005 LIMITED LIABILITY COMPANY

Aug 04, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000005618** 08-04-2005 90079 012 ****50.00 SOUTHWEST ORLANDO REALTY, L.L.C. Principal Place of Business Mailing Address 2345 SAND LAKE ROAD, STE. 120 2345 SAND LAKE ROAD, STE. 120 ORLANDO, FL 32809 ORLANDO, FL 32809 3. Mailing Address 2. Principal Place of Business 8680 Commodity Cir 8680 Commodity Cir Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 Chg-LLC CR2E083 (10/03) 200B 200B City & State 4. FEI Number Applied For City & State Orlando Fl Orlando FL 56-2331642 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required <u>328</u>19 32819 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephen D. Korshak KORSHAK, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) KORSHAK & BEAULIEU 2345 SAND LAKE ROAD, STE. 120 ORLANDO, FL 32809 8680 Commodity Cir Zip Code Orlanod 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 (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition ☐ Delete TITLE Change TITLE MGR NAME KORSHAK, STEPHEN D NAME Korshak Stephen D STREET ADDRESS 2345 SAND LAKE ROAD, STE. 120 STREET ADDRESS 8680 Commodity Cir SUite 200B CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP Orlando F1 32819 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 tojexecute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

Waa

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

SIGNATURE:

FILED