

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90196 028 ****55.00

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| DOCUMENT # L03000012177 |  |
| 1. Entity Name ORLANDO EXECUTIVE PARK, LLC | |

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| Principal Place of Business 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 | Mailing Address 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 5405 DIPLOMAT CIRCLE SUITE 100 ORLANDO, FL 32810 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

60051023




04262007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-0027730 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLAYTON, KENNETH M. 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 |
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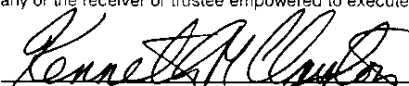
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| 7. Name and Address of New Registered Agent Name CLAYTON, KENNETH M. Street Address (P.O. Box Number is Not Acceptable) C/O CLAYTON + McCULLOCH 1065 MAITLAND CENTER COMMONS BLVD City MAITLAND FL Zip Code 32701 |
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| 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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reconstituting) | DATE 4/26/07 |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLAYTON, CRAIG H 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CLAYTON, MARK A 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DODGE, LINDA S 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 <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 | |
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| 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 |

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| 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | KENNETH M. CLAYTON, PRESIDENT 4/26/07 407.875.2655 Date Daytime Phone # |