


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 050 ****55.00

DOCUMENT # L03000020543

1. Entity Name
OLD WINTER GARDEN, L.L.C.




Principal Place of Business Mailing Address
4436 OLD WINTER GARDEN ROAD ORLANDO, FL 32835 **4436 OLD WINTER GARDEN ROAD ORLANDO, FL 32835**

2. Principal Place of Business Suite, Apt. #, etc.
4436 Old Winter Garden Rd.

3. Mailing Address Suite, Apt. #, etc.
4436 Old Winter Garden Rd.

City & State Zip Country
Orlando 32811 USA

City & State Zip Country
Orlando, FL 32811 USA



07202004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FOULADI, MAJID
4436 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *M. Majid Fouladi* DATE **7/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOULADI, MAJID 4436 OLD WINTER GARDEN ROAD ORLANDO, FL 32835 <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	MGR SHIRZAD, RAY 4436 OLD WINTER GARDEN ROAD ORLANDO, FL 32835 <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
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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: *M. Majid Fouladi* DATE: **7/21/04** DAYTIME PHONE #: **407-832-1362**

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