

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021416

FILED
Apr 30, 2004
Secretary of State

Entity Name: ORLANDO DEVELOPERS, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 190
CELEBRATION, FL 34747 US

New Principal Place of Business:

1208 CELEBRATION AVE.
CELEBRATION, FL 34747 US

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 190
CELEBRATION, FL 34747 US

New Mailing Address:

1208 CELEBRATION AVE.
CELEBRATION, FL 34747 US

FEI Number: 33-1068338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ZIMBARDI, JAMES N
1208 CELEBRATION AVE
CELEBRATION, FL 34747 US

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.

SIGNATURE: JAMES ZIMBARDI

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ZIMBARDI, JAMES N
Address: 1208 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM (X) Delete
Name: BUONCERVELLO, ANGELA MARIA
Address: 815 SPRING PARK LOOP
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES ZIMBARDI

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date