

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90148 002 ****50.00

DOCUMENT # L03000023542			
1. Entity Name ORLANDO AIRPORT PARK, LLC			
Principal Place of Business 255 SOUTH ORANGE AVENUE, STE. 1540 ORLANDO, FL 32801		Mailing Address 255 SOUTH ORANGE AVENUE, STE. 1540 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 340 N. Maitland Ave. Suite, Apt. #, etc. Suite 110 City & State Maitland, FL Zip 32751		3. Mailing Address 340 N. Maitland Ave. Suite, Apt. #, etc. Suite 110 City & State Maitland FL Zip 32751	
4. FEI Number 38-3685857		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIDDON, FLOYD 255 SOUTH ORANGE AVENUE, STE. 1540 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Whiddon, Floyd Street Address (P.O. Box Number is Not Acceptable) 340 North Maitland Ave. Suite 110 City Maitland FL Zip Code 32751	
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 <u>FLOYD WHIDDON</u> DATE <u>1-17-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRUL, AUBREY M 255 SO. ORANGE AVE., SUITE 1540 ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHIDDON, FLOYD JR 255 SO. ORANGE AVE., SUITE 1540 ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 340 North Maitland Ave Ste 110 Maitland FL 32751	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 340 North Maitland Ave Ste 110 Maitland FL 32751	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>FLOYD WHIDDON</u>		Date <u>1-17-07</u> Daytime Phone # <u>407-644-9400</u>	