2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023542

1. Entity Name
ORLANDO AIRPORT PARK, LLC



FILED Mar 31, 2008 08:00 Al Secretary of State

Principal Place of Business

340 NORTH MAITLAND AVE

SUITE 110 MAITLAND, FL 32751 Mailing Address

340 NORTH MAITLAND AVE SUITE 110

MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3685857

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHIDDON, FLOYD 340 NORTH MAITLAND AVE SUITE 110 MAITLAND, FL 32751

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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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.		
	the obligations of registered agent.		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000875380 04/11/08-80030-024 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	STRUL, AUBREY M		
STREET ADDRESS	340 NORTH MAITLAND AVE SUITE 110		
CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	MGRM		
NAME	WHIDDON, FLOYD JR		
STREET ADDRESS	340 NORTH MAITLAND AVE SUITE 110		
CITY-ST-ZIP	MAITLAND, FL 32751		
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11. I hereby certify that the information supplied with this filiplo does not qualify for the			

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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-25-08 401-644-9400

Days