

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000025985**

1. Entity Name

STAR OVER ORLANDO LAND, LLC



Principal Place of Business

357 OCEAN SHORE BOULEVARD  
ORMOND BEACH, FL 32176

Mailing Address

357 OCEAN SHORE BOULEVARD  
ORMOND BEACH, FL 32176



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0113485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUTERA, CARL C  
357 OCEAN SHORE BOULEVARD  
ORMOND BEACH, FL 32176

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TUTERA, CARL C
STREET ADDRESS	357 OCEAN SHORE BOULEVARD
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	TUTERA, CARMINE J
STREET ADDRESS	357 OCEAN SHORE BOULEVARD
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/13/05-80002-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Carl Cam Tutera* CARL CAM TUTERA

1/10/05

386-672 2723

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

Date

Daytime Phone #