


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90418 023 \*\*\*\*50.00

<b>DOCUMENT # L03000032608</b> 1. Entity Name ILJ ORLANDO, LLC					
Principal Place of Business 1591 WILTSHIRE VILLAGE WELLINGTON, FL 33414-8982			Mailing Address P O BOX 210457 WELLINGTON, FL 33414-8982		
2. Principal Place of Business 3141 Fairlane Farms Road			3. Mailing Address Suite, Apt. #, etc. Unit 8		
Suite, Apt. #, etc. Unit 8			Suite, Apt. #, etc.		
City & State Wellington, FL			City & State		
Zip 33414		Country		Zip 33414	
Country		Country		4. FEI Number 20-0179510	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GOLDSCHMIDT, IRIS 1591 WILTSHIRE VILLAGE WELLINGTON, FL 33414-8982				7. Name and Address of New Registered Agent Name Iris Goldschmidt Street Address (P.O. Box Number is Not Acceptable) 3141 Fairlane Farms Road Unit 8 City Wellington FL Zip Code 33414	
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>Iris Goldschmidt</u> Iris Goldschmidt <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSCHMIDT, IRIS 1591 WILTSHIRE VILLAGE WELLINGTON, FL 33414		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	
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	
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	
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	
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	
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.					
<b>SIGNATURE: <u>Ilene Berman</u> Ilene Berman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**20010578**



02102006 Chg-LLC CR2E083 (11/05)

Attachment  
20010578  
**MILLER, TURETSKY, RULE & McLENNAN**

MARK D. TURETSKY  
JOHN A. RULE  
KEITH B. McLENNAN \*  
KELLY C. WALL \*

\* ALSO MEMBER OF NEW JERSEY BAR

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MITCHELL W. MILLER  
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JILL K. ANDERSON, J.D.  
*Legal Assistant*

Sender's E-mail Address:  
Mcalkins@millerturetsky.com

February 20, 2006

Florida Department of State  
Division of Corporations  
P O Box 6478  
Tallahassee, FL 32314

RE: **ILJ Orlando, LLC**  
**Document No. L03000032608**

Dear Sir/Ms:

Enclosed please find my client's completed 2006 Limited Liability Company Annual Report.

In addition, I have enclosed my firm's check made payable to the Florida Department of State in the amount of \$50.00 to cover the cost of filing this report.

Please call me if you have any questions or require anything further.

Thank you for your assistance.

Very truly yours,



Michelle A. Calkins  
Paralegal to Keith B. McLennan

MAC:mac

pc: ILJ Orlando, LLC

Enclosures