

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044300

FILED
Apr 28, 2005
Secretary of State

Entity Name: CORINTHIAN PROPERTIES, LLC

Current Principal Place of Business:

3600 ECOMMERCE PLACE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3600 ECOMMERCE PLACE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 80-0096062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

NEUKAMM, MICHAEL E
GRAY ROBINSON, P.A.
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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:

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEFORT, ROBERT J JR.
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

Title: MGR () Delete
Name: HOHNS, WILLIAM A
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

Title: MGR () Delete
Name: SMITH, VINCENT J
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

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

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: WILLIAM A. HOHNS

MGR

04/28/2005

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