

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90004 027 \*\*\*\*50.00

**DOCUMENT # L03000053448**

1. Entity Name  
O.L.K. DEVELOPMENT, LLC



Principal Place of Business  
4432 PARKWAY COMMERCE BLVD.  
ORLANDO, FL 32808

Mailing Address  
4432 PARKWAY COMMERCE BLVD.  
ORLANDO, FL 32808

64067708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

56-2422344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B  
4432 PARKWAY COMMERCE BLVD.  
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR + P ☐ Delete  
NAME KODSI, ALBERT  
STREET ADDRESS 4432 PARKWAY COMMERCE BLVD  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE VP ☐ Delete  
NAME SHOEMAKER, JOHN B.  
STREET ADDRESS 4432 PARKWAY COMMERCE BLVD  
CITY-ST-ZIP ORLANDO FL 32808

TITLE VP ☐ Delete  
NAME KODSI, STEVE  
STREET ADDRESS 4432 PARKWAY COMMERCE BLVD  
CITY-ST-ZIP ORLANDO FL 32808

TITLE VPT ☐ Delete  
NAME COHEN, ODED  
STREET ADDRESS 4432 PARKWAY COMMERCE BLVD  
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr & Pres ☐ Change ☒ Addition  
NAME KODSI, ALBERT  
STREET ADDRESS 4432 Parkway Commerce Blvd  
CITY-ST-ZIP Orlando, FL 32808

TITLE VP ☐ Change ☒ Addition  
NAME SHOEMAKER, JOHN B.  
STREET ADDRESS 4432 Parkway Commerce Blvd  
CITY-ST-ZIP Orlando, FL 32808

TITLE VP ☐ Change ☒ Addition  
NAME KODSI, STEVE  
STREET ADDRESS 4432 Parkway Commerce Blvd  
CITY-ST-ZIP Orlando, FL 32808

TITLE VPT ☐ Change ☒ Addition  
NAME COHEN, ODED  
STREET ADDRESS 4432 Parkway Commerce Blvd  
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

JOHN B SHOEMAKER 4/23/04

407 294 7931