2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000053448

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

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90023 047 ****50.00

Mailing Address Applied Fee of Surious Applied Fee								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	4432 PARKWAY COMMERCE BLVD.		4 432 Parkway Commerce B lvd.			14001404		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	face of Business	3. Mailing Address	. 				
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Section Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04062005	Chg-LLC CR	2E083 (10/03)	
S. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name SPECIAL STATURE Special Address of New Registered Agent ORLANDO, FL 92808 City Orlando City Orlando FL 2000de City Orlando FRE Required Free Required	<u>Drland</u>	0,FL	Orlando, FL		l l		Not	Applicable
Name Stock Continue Contin	ろろない				5. Certificate	of Status Desired		
SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808 B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR		6. Name and Address of Current I	Registered Agent	Nama	7. Name and	d Address of New Registe	red Agent	
B. The above named entity sufmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signal, it typed of green reme of ingramed agent and life if spokedate. P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES III.E MGRP ORLANDO, FL 32808 TITLE VP ORLANDO, FL 32808 TITLE ORLANDO, FL 32808 TITL	SHOEMAK	KER, JOHN B						
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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 it made under oath; that I am a managing member or manager of the	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	4432 PARKWAY COMMERCE BI ORLANDO, FL 32808 VPT COHEN, ODED 4432 PARKWAY COMMERCE BI ORLANDO, FL 32808	Delete Delete	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIN COLON COLANDA VPT DOCO COHET GIN COLONI COLANDO	HALDE PL32801 ALDI PL32801	Change	☐ Addition ☐ Addition