


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90023 047 \*\*\*\*50.00

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>DOCUMENT # L03000053448</b><br>1. Entity Name<br><b>O.L.K. DEVELOPMENT, LLC</b>  |   |                                    |   |    |  |
| Principal Place of Business<br><b>4432 PARKWAY COMMERCE BLVD.</b><br><b>ORLANDO, FL 32808</b>   |   |                                    | Mailing Address<br><b>4432 PARKWAY COMMERCE BLVD.</b><br><b>ORLANDO, FL 32808</b> |   |  |
| 2. Principal Place of Business<br><b>141 W. Colonial Dr</b><br>Suite, Apt. #, etc.  |   |                                    | 3. Mailing Address<br><b>141 W. Colonial Dr</b><br>Suite, Apt. #, etc.            |   |  |
| City & State<br><b>Orlando, FL</b>  |   | City & State<br><b>Orlando, FL</b> |   | 4. FEI Number<br><b>56-2422344</b>  |  |
| Zip<br><b>32801</b>   |   | Country<br><b>USA</b>              |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHOEMAKER, JOHN B</b><br><b>4432 PARKWAY COMMERCE BLVD.</b><br><b>ORLANDO, FL 32808</b>   |   |                                    |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>141 W. Colonial Dr</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b> |  |
| 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.<br><br>SIGNATURE _____ DATE <b>4/22/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                                    |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |   |                                    | <b>Make check payable to</b><br><b>Florida Department of State</b>                |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                    | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRP<br>KODSI, ALBERT<br>4432 PARKWAY COMMERCE BLVD.<br>ORLANDO, FL 32808   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>P</b><br><b>ALBERT KODSI</b><br><b>141 W. COLONIAL DR</b><br><b>ORLANDO, FL 32801</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>SHOEMAKER, JOHN B<br>4432 PARKWAY COMMERCE BLVD.<br>ORLANDO, FL 32808 | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>VP</b><br><b>JOHN B. SHOEMAKER</b><br><b>141 W. COLONIAL DR</b><br><b>ORLANDO, FL 32801</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>KODSI, STEVE<br>4432 PARKWAY COMMERCE BLVD.<br>ORLANDO, FL 32808      | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>VP</b><br><b>STEVE KODSI</b><br><b>141 W. COLONIAL DR</b><br><b>ORLANDO, FL 32801</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>COHEN, ODED<br>4432 PARKWAY COMMERCE BLVD.<br>ORLANDO, FL 32808      | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>VPT</b><br><b>ODED COHEN</b><br><b>141 W. COLONIAL DR</b><br><b>ORLANDO, FL 32801</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |                                    |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                    |   | <b>4/22/05</b> <b>407 294 7931</b><br><small>Date Daytime Phone #</small>   |  |

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