2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L04000013995 1. Entity Name OVIEDO LUXURY LIVING, LLC							04-23-200	/ 90366 (337 ****5	50.00
Principal Place	e of Business	Mailing Address				60	038564			
% The Klein Company 1735 Market St., Suite 4010 Philadelphia, pa 19103		% THE KLEIN COMPANY 1735 MARKET ST., SUITE 4010 PHILADELPHIA, PA 19103) IMMOST 14 E 4 1 1		5)(: 31 (6) ((70) (: 20 1 : 110 100
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04122007	Chg-LLC	CR2E(083 (12/06)	
City & State		City & State			4. FEI Numbe 81-0648				oplied For ot Applicable	
Zip —	- Country	Žip	Count	iry -		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		Nama		7. Name and	Address of New	Registered	Agent	
300 SOUT	ATION COMPANY OF ORLAND H ORANGE AVE., SUITE 1000 O, FL 32801-5403			ddress (F	(P.O. Box Number is Not Acceptable)					
		City						FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or both	h, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or ponted name of registered agent a				_					
	Signature, typed or ponied name or registered agent a	nd title if applicable. (NOII	E: Registered	1 Agent signatu	ure required	when reinstating)		DATE		
Fi	iling Fee Is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTI	E: Registered	1 Agent signati	ure required	when reinstating)		ke check p	payable to nent of Stat	e
Fi D	3		E: Registered	1 Agent signati	ure required	when reinstating)	Florid	ke check p	ent of Stat	е
:	iling Fee is \$50.00 ue by May 1, 2007				ure required	when reinstating)	Florid	ike check p da Departn	ent of Stat	e 🔲 Addition
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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.

SIGNATURE: MANAGER OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE James J. TomaiNO

4-12-07

(215) 751-9600

Daytime Phone #