

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90366 037 ****50.00

DOCUMENT # L04000013995

1. Entity Name
OVIEDO LUXURY LIVING, LLC



Principal Place of Business
% THE KLEIN COMPANY
1735 MARKET ST., SUITE 4010
PHILADELPHIA, PA 19103

Mailing Address
% THE KLEIN COMPANY
1735 MARKET ST., SUITE 4010
PHILADELPHIA, PA 19103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
81-0648966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (JGH)
ORLANDO, FL 32801-5403

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KLEIN, STEPHEN B ☐ Delete
STREET ADDRESS 217 DELANCEY STREET
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE MGR
NAME TONEINO, JAMES J ☐ Delete
STREET ADDRESS 1735 MARKET ST., SUITE 4010
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MGR
NAME Tomaino, James ☒ Change ☐ Addition
STREET ADDRESS Correction
CITY-ST-ZIP

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

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

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

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

11. 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:

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

Date

Daytime Phone #

James J. Tomaino
James J. Tomaino

4-12-07 (215) 751-9600

60038564

