


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90153 006 \*\*\*\*50.00

**DOCUMENT # L04000035893**

1. Entity Name  
**ORLANDO HOME, LLC**



Principal Place of Business  
**4585 S.E. 48TH PLACE ROAD  
 Ocala FL 34480  
 US**

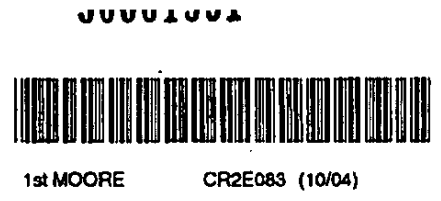
Mailing Address  
**4585 S.E. 48TH PLACE ROAD  
 Ocala FL 34480  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



4. FEI Number  
**20-1256207**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERMAN, RICHARD  
 4585 S.E. 48TH PLACE ROAD  
 Ocala FL 34480**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | HERMAN, RICHARD           |                                 |
| STREET ADDRESS | 4585 S.E. 48TH PLACE ROAD |                                 |
| CITY-ST-ZIP    | OCALA FL 34480            |                                 |
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | ALPERT, RON               |                                 |
| STREET ADDRESS | 4585 S.E. 48TH PLACE ROAD |                                 |
| CITY-ST-ZIP    | OCALA FL 34480            |                                 |
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | WELLS, VALERIE            |                                 |
| STREET ADDRESS | 4585 S.E. 48TH PLACE ROAD |                                 |
| CITY-ST-ZIP    | OCALA FL 34480            |                                 |
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | HERMAN, KAREN             |                                 |
| STREET ADDRESS | 4585 S.E. 48TH PLACE ROAD |                                 |
| CITY-ST-ZIP    | OCALA FL 34480            |                                 |
| TITLE          | MGRM                      | <input type="checkbox"/> Delete |
| NAME           | ALPERT, ANN               |                                 |
| STREET ADDRESS | 4585 S.E. 48TH PLACE ROAD |                                 |
| CITY-ST-ZIP    | OCALA FL 34480            |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

10. ADDITIONS/CHANGES

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Richard D HERMAN 2/12/05 13521309-1949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Use Date Time Phone #