

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038249 1. Entity Name INVEST ORLANDO, LLC	
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Principal Place of Business 11 N. SUMMERLIN AVENUE STE. 100 ORLANDO, FL 32801	Mailing Address 11 N. SUMMERLIN AVENUE STE. 100 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1209572	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, BARRY L
11 N. SUMMERLIN AVENUE STE. 100
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

000000399166
01/31/06-80028-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, BARRY L 11 N. SUMMERLIN AVENUE STE. 100 ORLANDO, FL 32801
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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 606, Florida Statutes.

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

Date _____ Daytime Phone # _____