### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L04000042179

1. Entity Name
DOWNTOWN ORLANDO INVESTMENTS, LLC



Principal Place of Business

C/O CHARLES D. MINER, ESQ. 5120 CURRY FORD ROAD ORŁANDO, FL 32812 Mailing Address

C/O CHARLES D. MINER, ESQ. 5120 CURRY FORD ROAD ORLANDO, FL 32812

## FILED Aug 21, 2007 8:00 am Secretary of State

08-21-2007 90048 008 \*\*\*\*50.00

### 60055026



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1201973

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MINER, CHARLES D ESQ. 5120 CURRY FORD ROAD ORLANDO, FL 32812

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGRM MCCONNELL, RANDY L 3443 Herringridge 44500NWAYFLACE CIROLE Drive ORLANDO, FL 32812 Oaland, FL 32812
CITY-ST-ZIP	ORLANDO, FL 32812 Calando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNELL, SHERYL  4415 CONWAY PLACE CIRCLE ORLANDO, FL 32812  ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEHRANI, DAVID 4127 CONWAY PLACE CIRCLE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEHRANI, BETTY 4127 CONWAY PLACE CIRCLE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNELL, DANIEL M 3248 MCEWAN LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNELL, ELIZABETH R 3248 MCEWAN LANE ORLANDO, FL 32812

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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 608, Florida Statutes.

SIGNATURE

URE:

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

Registered Agent/ CLIC 8/18

(407)273-

e

Daytime Phone #