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May 23, 2005 8:00 am
Secretary of State
05-23-2005 90376 032 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046574

1. Entity Name
CONDOHQ ORLANDO, LLC

Principal Place of Business	Mailing Address
16 N. SUMMERLIN AVENUE ORLANDO, FL 32801	% USTLER DEVELOPMENT, INC. 622 E. WASHINGTON STREET, #220 ORLANDO, FL 32801

05172005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		608 E. Central Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Orlando, FL	
Zip	Country	Zip: 32801	Country: U.S.A.

4. FEI Number: 83-0399211 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
USTLER, CRAIG T USTLER DEVELOPMENT, INC. 622 E. WASHINGTON STREET, #220 ORLANDO, FL 32801	Name: Craig Ustler Street Address (P.O. Box Number is Not Acceptable): c/o Ustler Development, Inc. 608 E. Central Blvd. City: Orlando FL Zip Code: 32801

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: Craig Ustler, Managing Member CT [signature] DATE: 5/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: Craig Ustler STREET ADDRESS: 608 E. Central Blvd. CITY-ST-ZIP: Orlando, FL 32801	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Craig Ustler, Managing Member CT [signature] 5/17/05 407-839-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #