

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055384

Entity Name: OFF2ORLANDO, LLC

FILED  
Feb 28, 2008  
Secretary of State

## Current Principal Place of Business:

4 FOYE LANE, CHURCH CROOKHAM  
FLEET, HANTS  
UNITED KINGDON, UK GU52 8UP

## New Principal Place of Business:

## Current Mailing Address:

10256 MALLARD LANDINGS WAY  
NORTH SHORE AT LAKE HART  
ORLANDO, FL 32832

## New Mailing Address:

FEI Number: 98-0434124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, MARIA A  
215 CELEBRATION PLACE  
SUITE 170 (CFSE)  
KISSIMME, FL 34747 US

## Name and Address of New Registered Agent:

THOMAS, MARIA A  
420 SOUTH ORANGE AVE  
SUITE 500 (LARSON ALLEN)  
ORLANDO, FL 32801 US

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.

SIGNATURE: G HARDY

02/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HARDY, GRAHAM W  
Address: 4 FOYE LANE, CHURCH CROOKHAM  
City-St-Zip: UNITED KINGDON,

Title: MGR ( ) Delete  
Name: HARDY, HEATHER M  
Address: 4 FOYE LANE, CHURCH CROOKHAM  
City-St-Zip: UNITED KINGDON,

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G HARDY

MGR

02/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date