

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066925

Entity Name: ACFN OF ORLANDO, LLC

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

7380 SANDLAKE ROAD, SUITE 500
ORLANDO, FL 32819

New Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE #102
ORLANDO, FL 32805

Current Mailing Address:

P.O. BOX 616958
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 83-0407610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDEZ, VERONICA
7380 SANDLAKE ROAD, SUITE 500
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

VALDEZ, VERONICA
750 SOUTH ORANGE BLOSSOM TRAIL
SUITE #102
ORLANDO, FL 32805 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: VERONICA VALDEZ

05/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DANIELS, MILLICENT E
Address: P.O. BOX 616958
City-St-Zip: ORLANDO, FL 32861

Title: MGR () Delete
Name: VALDEZ, VERONICA
Address: P.O. BOX 616958
City-St-Zip: ORLANDO, FL 32861

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 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: VERONICA VALDEZ

MGRM

05/23/2006

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