


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

<b>DOCUMENT # L04000074316</b> 1. Entity Name ORLANDO GRAND HOTEL MANAGEMENT, LLC			
Principal Place of Business 2901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 US		Mailing Address 2901 N. FEDERAL HWY BOCA RATON, FL 33431 US	
2. Principal Place of Business 30800 Northwestern Hwy Suite, Apt. #, etc. 100		3. Mailing Address 13790 NW 4 St. Suite, Apt. #, etc. #113	
City & State Farmington Hills, MI Zip 48334 Country USA		City & State Sunrise, FL Zip 33325 Country USA	
6. Name and Address of Current Registered Agent ZEDECK, LEONARD 13790 N.W. 4TH STREET SUITE 113 SUNRISE, FL 33325			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KARCHO, HANNA 30800 NORTHWESTERN HWY., STE. 100 FARMINGTON HILLS, MI 48334	TITLE NAME STREET ADDRESS CITY - ST - ZIP	435/23
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
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
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 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		LEONARD E. ZEDECK Date 5/1/06 Daytime Phone #	

FILED

06 MAY 16 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
APPLIED FOR 20-1761821  
Applied For Not Applicable

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