2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

AND TYPED OR PRINTED HAME OF SIGHT

Secretary of State **DOCUMENT # L04000089576** 04-02-2007 90435 024 ****50.00 ORL INVESTMENT PROPERTIES, L.L.C. Principal Place of Business Mailing Address UNUNANTO 4552 WOODLANDS VILLAGE DRIVE **4552 WOODLANDS VILLAGE DRIVE** ORLANDO, FL 32835 US ORLANDO, FL 32835 US 2. Principal Place of Business - No P.D. Box# 3. Mailing Address 4552 Woodlands Vil Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-LLC CR2E083 (12/06) rlando City & State City & State 4. FEI Number Applied For 20-2582088 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Addrése of Current Registered Agent 7. Name and Address of New Registered Agent LEFKOWITZ, IVAN M 430 N MILLS AVE ORLANDO, FL 32803 ้อ 8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered 200 SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE Deteta ☐ Change ☐ Addition NAME ONEY, BLAINE E NAME STREET ADDRESS 4552 WOODLANDS VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP ₩.E Delate m: F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP 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. 04/27/2007 Desirre Proce *

G MEMBER, MANUGER OF AUTHORIZED REPRESENTATIVE

FILED

May 03, 2007 8:00 am