

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091827

Entity Name: OKA ORLANDO, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 SOUTH BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLNICK, NEIL S ESQ.
2525 PONCE DE LEON BLVD., SUITE 400
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEW DAWN HOLDINGS, L, LC
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: KEY REAL ESTATE DEVE, LOPMENT
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 200
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: INTERBANK HOLDING CO, RP.
Address: 1101 BRICKELL AVE., 400 SOUTH TOWER
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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: JACK KAPLAN

MGRM

01/07/2008

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