

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000094052**

1. Entity Name  
**PEACHTREE ORLANDO II, LLC**



Principal Place of Business  
**719 PEACHTREE STREET  
ORLANDO, FL 32801**

Mailing Address  
**5086 SAILWIND CIRCLE  
ORLANDO, FL 32810**

**DO NOT WRITE IN THIS SPACE**



07142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2171844**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SANTIAGO, CONRAD  
5086 SAILWIND CIRCLE  
ORLANDO, FL 32810**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTIAGO, CONRAD 5086 SAILWIND CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, MARK 719 PEACHTREE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRAN, ALBERTO 719 PEACHTREE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COULTHER, CHRIS 719 PEACHTREE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000572842  
08/01/06-80001-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/14/06 407-206-7477