


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 041 ****50.00

DOCUMENT # L05000007672	
1. Entity Name OVIEDO 434, LLC	

Principal Place of Business 131 PARK LAKE STREET ORLANDO, FL 32803-3821	Mailing Address 131 PARK LAKE STREET ORLANDO, FL 32803-3821
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60043984




2. Principal Place of Business - No P.O. Box # 801 N. Orange Avenue	3. Mailing Address 801 N. Orange Avenue
Suite, Apt. #, etc. Suite 820	Suite, Apt. #, etc. Suite 820
City & State Orlando, FL	City & State Orlando, FL
Zip 32801-5203	Country USA

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0739846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAHILL, CARL H 131 PARK LAKE STREET ORLANDO, FL 32803-3821	7. Name and Address of New Registered Agent Name CAHILL, CARL H. Street Address (P.O. Box Number is Not Acceptable) 801 N. Orange Avenue Suite 820 City Orlando FL Zip Code 32801-5203
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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.

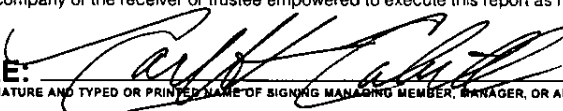
SIGNATURE  **Carl H. CAhill** DATE **4/25/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAHILL, CARL H <input type="checkbox"/> Delete 131 PARK LAKE ST ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cahill, Carl H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 N. Orange Avenue, Suite 820 Orlando, FL 32801-5203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **Carl H. CAhill** DATE **4/25/07** DAYTIME PHONE # **407-422-5456**

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