

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000022121**

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



**Principal Place of Business**  
**4700 MILLENIA BLVD. SUITE 340**  
**ORLANDO, FL 32839 US**

**Mailing Address**  
**4700 MILLENIA BLVD. SUITE 340**  
**ORLANDO, FL 32839 US**



01082007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-2845689**

**Applied For**  
**Not Applicable**

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

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** GREER, BARRY  
**STREET ADDRESS** 2600 E. IRLO BRONSON HIGHWAY  
**CITY-ST-ZIP** KISSIMMEE, FL 34744

**TITLE** MGR  
**NAME** KALIVRETNOS, GEORGE  
**STREET ADDRESS** 1301 WEST FAIRBANKS  
**CITY-ST-ZIP** WINTER PARK, FL 32789

**TITLE**  
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**STREET ADDRESS**  
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07/06/07-80010-003 50.00

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**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 #