
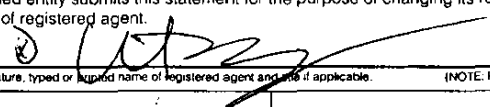



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90019 046 ****50.00

DOCUMENT # L05000028884 1. Entity Name CENTURY 28 ORLANDO REALTY, LLC					
Principal Place of Business 2927 ROLLING BROAK DRIVE ORLANDO, FL 32837			Mailing Address 2927 ROLLING BROAK DRIVE ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box # 16141 BLUE BIRD PARK RD		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINDERMERE, FL		City & State		4. FEI Number 56-2505355	
Zip 34786		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YUNG KWAN, ANNIE KIT 2927 ROLLING BROAK DRIVE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name KIT YUNG KWON Street Address (P.O. Box Number is Not Acceptable) 16141 BLUE BIRD PARK ROAD City WINDERMERE FL Zip Code 34786		
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  DATE 6-14-2007 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNG KWAN, ANNIE KIT 2927 ROLLING BROAK DRIVE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KWON, KIT YUNG 16141 BLUE BIRD PARK ROAD WINDERMERE, FL 34786
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: 				6-14-2007 (321) 948-0882	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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