

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054374

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CELEBRATION OFFICE CONDOS, LLC

**Current Principal Place of Business:**

1420 CELEBRATION BLVD  
100  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

1420 CELEBRATION BLVD  
100  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 20-2942104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LA ROSA, ANDREW OWNER  
801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

LA ROSA, ANDREW OWNER  
1420 CELEBRATION BLVD SUITE100  
CELEBRATION, FL 34747 US

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: \_\_\_\_\_ 04/28/2009  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LA ROSA, ANDREW OWNER  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR ( ) Delete  
Name: MELISSINOS, DEANA OWNER  
Address: 1420 CELEBRATION BLVD SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR ( ) Delete  
Name: LA ROSA, MICHAEL OWNER  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR ( ) Delete  
Name: LA ROSA, JOSEPH OWNER  
Address: 1420 CELEBRATION BLVD SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LA ROSA, ANDREW OWNER  
Address: 1420 CELEBRATION BLVD SUITE100  
City-St-Zip: CELEBRATION, FL 34747 US

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

Title: MGR (X) Change ( ) Addition  
Name: LA ROSA, MICHAEL OWNER  
Address: 1420 CELEBRATION BLVD SUITE100  
City-St-Zip: CELEBRATION, FL 34747 US

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: MICHAEL LA ROSA      MGR      04/28/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date