2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000077365

1. Entity Name
OVIEDO OFFICE PARK, LLC



Principal Place of Business 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US Mailing Address

6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835 US

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90253 050 ****50.00



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	_
13-4303809	Not Applicable	9
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

SKORMAN, MARC 6000 METROWEST BLVD. SUITE 111 ORLANDO, FL 32835

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The above named entity submits the obligations of registered agent	his statement for the purpose of cha t.	anging its registere	ed office or registered agent, or both, in the S	tate of Florida. If am familiar with, and accept	
SIGNATURE					
Signature, typed or printed name	Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.0 Due by May 1, 200	0 7				
9. MAN	AGING MEMBERS/MANAGERS				
TITLE MGRM NAME SKORMAN, MARC STREET ADDRESS 6000 METROWES CITY-ST-ZIP ORLANDO, FL 32:	T BLVD.				
TITLE MGRM NAME KEVIN SKOR STREET ADDRESS GOOD METR CITY-ST-ZIP ORLANDO G	OWEST RIVO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			comptings contained in Chapter 110 Florida		

11. I hereby certify that the information supplied with this filling 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.

MARC SKORMAN, MANAGER

URE: , M AG 672

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

1/5/07

407 253 -2001

Daytime Phone #