

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084842

Entity Name: ORLANDO COMMERCIAL, LLC

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

710 W. COLONIAL DRIVE, SUITE 202
ORLANDO, FL 32804

New Principal Place of Business:

300 S. ORANGE AVE
SUITE 1000 (RJ)
ORLANDO, FL 32801

Current Mailing Address:

710 W. COLONIAL DRIVE, SUITE 202
ORLANDO, FL 32804

New Mailing Address:

PO BOX 691838
ORLANDO, FL 32869

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALIANI, SALIM
710 W. COLONIAL DRIVE, SUITE 202
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE
SUITE 1000 (RJ)
ORLANDO, FL 32801 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: ROD JONES, VICE PRESIDENT

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KANJI, KEN
Address: 730 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: MEGHANI, AMYN
Address: 415 LEE STREET
City-St-Zip: JEFFERSON, GA 30549

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MEGHANI, AMYN
Address: P.O. BOX 730
City-St-Zip: BRASELTON, GA 30557

I hereby certify that the information supplied with this filing does not qualify for the 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: AMYN MEGHANI

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date