

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085149

Entity Name: T.P. ORLANDO 504 LLC

FILED  
Apr 21, 2006  
Secretary of State

**Current Principal Place of Business:**

19423 NE 17TH AVE,  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

19423 NE 17TH AVE,  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

SMULEVICH, PABLO  
19423 NE 17TH AVE.  
NORTH MIAMI BEACH, FL 33179    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      SMULEVICH, PABLO  
Address:                      19423 NE 17TH AVE  
City-St-Zip:                      NORTH MIAMI BEACH, FL 33179

Title:                      MGRM                      ( ) Delete  
Name:                      SMULEVICH, FERNANDO  
Address:                      19423 NE 17TH AVE  
City-St-Zip:                      NORTH MIAMI BEACH, FL 33179

Title:                      MGRM                      ( ) Delete  
Name:                      SLELATT, ISAAC  
Address:                      19423 NE 17TH AVE  
City-St-Zip:                      NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES:**

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

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

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

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: PABLO SMULEVICH

MM

04/21/2006

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