

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000089105**

1. Entity Name  
**ORANGE 46 PLAZA, LLC**



Principal Place of Business  
**1034 SEMORAN BLVD.  
CASSELBERRY, FL 32707**

Mailing Address  
**1034 SEMORAN BLVD.  
CASSELBERRY, FL 32707**



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0570856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HWANG, YOUNG SIG  
1034 SEMORAN BLVD.  
CASSELBERRY, FL 32707**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HWANG, YOUNG SIG
STREET ADDRESS	1034 SEMORAN BLVD
CITY - ST - ZIP	CASSELBERRY, FL 32707
TITLE	MGRM
NAME	CHO, CHARLES H
STREET ADDRESS	4242 SHADOW CRK CIR
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	KIM, YOUNG BOK
STREET ADDRESS	10217 MARABELLA ROSE CT
CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000634996  
02/22/07-80034-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #