


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90047 037 ****55.00

DOCUMENT # L05000104666	
1. Entity Name ORLANDO B FLEX PARTNERS, LLC	

Principal Place of Business 2603 B MAITLAND CENTER PARKWAY MAITLAND, FL 32751	Mailing Address 2603 B MAITLAND CENTER PARKWAY MAITLAND, FL 32751
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2. Principal Place of Business 2701 Maitland Center Pkwy	3. Mailing Address 2701 Maitland Center Pkwy
Suite, Apt. #, etc. Suite 225	Suite, Apt. #, etc. Suite 225
City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country Orange



02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4313870	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STEIN, CLIFFORD L 2603 B MAITLAND CENTER PARKWAY MAITLAND, FL 32751 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stein, Clifford L. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berman, Reid S. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TITLE OF SIGNING WORKING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06

Date

407-659-0120

Daytime Phone #