2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L05000107099

Entity Name: ORLANDO RENTAL HOME SERVICES, LLC

Current Principal Place of Business:

3201 LINDFIELDS BLVD
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

3201 LINDFIELDS BLVD
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-3744932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
1000 LEGHION PLACE SUITE 1200
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: _____ 05/05/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRACE, DAN
Address: 3201 LINDFIELDS BLVD
City-St-Zip: KISSIMMMEE, FL 34747

Title: MGR ( ) Delete
Name: WATSON, TERENCE
Address: 3201 LINDFIELDS BLVD
City-St-Zip: KISSIMMMEE, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KING, CHRISTOPHER
Address: 3201 LINDFIELDS BLVD
City-St-Zip: KISSIMMMEE, FL 34747

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

I hereby certify that the information supplied with this filing does not qualify 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: TERENCE WATSON MGR 05/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date