

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90149 013 ****50.00

DOCUMENT # L05000116748

1. Entity Name
TORODO PROPERTIES, LLC



Principal Place of Business
1220 DOUGLAS AVE
SUITE 101
LONGWOOD, FL 32779-5000 US

Mailing Address
1220 DOUGLAS AVE
SUITE 101
LONGWOOD, FL 32779-5000 US

00019846



2. Principal Place of Business - No P.O. Box #
1315 S. International Pkwy
Suite, Apt. #, etc.
1101
City & State
LAKE MARY, FL
Zip
32746-1407 Country
USA

3. Mailing Address
1315 S. International Pkwy
Suite, Apt. #, etc.
1101
City & State
LAKE MARY, FL
Zip
32746-1407 Country
USA

02252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3908961

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MANISCALCO, DOUGLAS
1220 DOUGLAS AVE
SUITE 101
LONGWOOD, FL 32779-5000

7. Name and Address of New Registered Agent
Name
Douglas MANISCALCO
Street Address (P.O. Box Number is Not Acceptable)
1315 S. International Pkwy # 1101
City
LAKE MARY FL Zip Code
32746-1407

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 Douglas MANISCALCO DATE 2-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANISCALCO, DOUGLAS 1220 DOUGLAS AVE STE 101 LONGWOOD, FL 327795000 <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 CIPPARONE, ANTHONY J 3185 DEER CHASE RUN LONGWOOD, FL 32779 <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 ROSEN, ROBERT 3336 LAKEVIEW OAKS DR LONGWOOD, FL 32779 <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	<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

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: Douglas MANISCALCO DATE 2-28-07 DAYTIME PHONE # 407 833-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE