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Secretary of State

03-21-2007 90163 033 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000122338

1. Entity Name
HAMPTON BAY OF ORLANDO, LLC

Principal Place of Business	Mailing Address
3000 GULF TO BAY BLVD. SUITE 600 CLEARWATER, FL 33759	3000 GULF TO BAY BLVD. SUITE 600 CLEARWATER, FL 33759

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2536 Countryside Blvd		2536 Countryside Blvd	
Suite, Apt. #, etc.: Suite 250		Suite, Apt. #, etc.: Suite 250	
City & State: Clearwater, FL		City & State: Clearwater, FL.	
Zip: 33763	Country: USA	Zip: 33763	Country: USA

03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4338923 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILDER, MAURICE
3000 GULF TO BAY BLVD.
SUITE 600
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILDER, MAURICE 3000 GULF TO BAY BLVD., SUITE 600 CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Wilder, Maurice 2536 Countryside Blvd. Suite 250 Clearwater, FL 33763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Maurice Wilder, mgrm 4/2/07 727-799-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #