

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003004

Entity Name: C.W. ORLANDO, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

7855 S.W. 129 TERRACE
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7855 S.W. 129 TERRACE
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 20-4080837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
547 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 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: DIEGO L RESTREPO

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANO, CLARA
Address: 7855 S.W. 129 TERRACE
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: GARCIA, JUAN MAURICIO
Address: 7855 S.W. 129 TERRACE
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: HERRERA, HECTOR
Address: 14330 S.W. 155 COURT
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES:

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

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

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: CLARA CANO

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date