

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90091 022 ****55.00

DOCUMENT # L06000014693

1. Entity Name
NEW ORLANDO REAL ESTATE, LLC



Principal Place of Business
**5800 NORTH BANANA RIVER BOULEVARD
UNIT 137
CAPE CANAVERAL, FL 32920**

Mailing Address
**420 RIVERSIDE DRIVE
UNIT 6F
NEW YORK, NY 10025**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number

86-1161237

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RANDALL C. ESQ
533 VERSAILLES DRIVE
SUITE 100
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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
POMA, FRANK
1484 EAST 94TH STREET
BROOKLYN, NY 11236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HERTZ, VICTOR J
420 RIVERSIDE DRIVE, UNIT 6F
NEW YORK, NY 10025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FINGER, GAIL
420 RIVERSIDE DRIVE, UNIT 6F
NEW YORK, NY 10025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**5800 North Banana River Boulevard
Cape Canaveral, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gail M Finger

Gail M Finger

1-22-07

212 766-4111