

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022550

Entity Name: ORLANDO TBI REALTY LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

250 GIBRALTAR ROAD
HORSHAM, PA 19044

New Principal Place of Business:

Current Mailing Address:

250 GIBRALTAR ROAD
HORSHAM, PA 19044

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REILLY, WILLIAM C
Address: 2966 COMMERCE PARK DR., STE. 100
City-St-Zip: ORLANDO, FL 32819

Title: MGR (X) Delete
Name: MORSE, CYNTHIA L
Address: 2966 COMMERCE PARK DR., STE. 100
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: COLVIN, PAIGE
Address: 131 CHADWICK DRIVE
City-St-Zip: DAVENPORT, FL 32824

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: COLVIN, PAIGE
Address: 2035 TILLMAN AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

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: WILLIAM REILLY

MGR

03/19/2009

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