
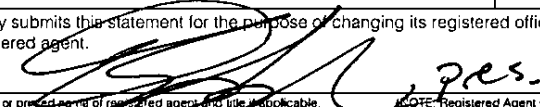
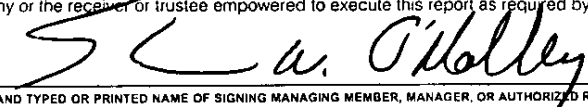


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90372 029 \*\*\*450.00

DOCUMENT # L06000027411					
1. Entity Name <b>ORLANDO PIE II LLC</b>					
Principal Place of Business <b>525 EAST JACKSON STREET #506 ORLANDO, FL 32801</b>			Mailing Address <b>P.O. BOX 530104 ORLANDO, FL 32853</b>		
2. Principal Place of Business / No P.O. Box # <b>606 E. Livingston ST</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando Florida</b>		City & State			
Zip <b>32803</b>		Country <b>USA</b>		Zip Country	
4. FEI Number <span style="float: right;">Applied For</span> <span style="float: right;"><input checked="" type="checkbox"/> Not Applicable</span>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BIBB, DAVID C ESQ. 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826</b>			7. Name and Address of New Registered Agent Name <b>JOSEPH E. SEAGLE, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 E. SOUTH ST</b> <b>SUITE B</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32801</b>		
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  <b>DAVID C. ESQ.</b> DATE <b>4/27/07</b> <small>Signature, typed or printed name of registered agent and title, as applicable. NOTE: Registered Agent signature required when reinstating.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'MALLEY MANAGEMENT, INC. P.O. BOX 530104 ORLANDO, FL 32853	<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 CLEMENCE, DONALD 525 EAST JACKSON STREET ORLANDO, FL 32801	<input checked="" 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 	<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 	<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 	<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 	<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:  <b>S. C. O'MALLEY</b> DATE <b>5/1/2007</b> DAYTIME PHONE # <b>612-247-1627</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					