2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044160

Entity Name: ORLANDO 4 VILLAS, LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1918 HILLCREST STREET 9310 US HWY 192 ORLANDO, FL 32803

SUITE 4

CLERMONT, FL 34747 US

Current Mailing Address: New Mailing Address:

1918 HILLCREST STREET 9310 US HWY 192

ORLANDO, FL 32803 SUITE 4

CLERMONT, FL 34747 US

FEI Number: 90-0268969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'NEIL, JOHN J A H GANTT CPA & ASSOCIATES PA

1918 HILLCREST STREET 3359 W VINE ST ORLANDO, FL 32803 104

KISSIMMEE, FL 34741 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: DEREK BREEN 04/28/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition

O'NEIL, JOHN J O'NEILL, JOHN J Name: Name: 1918 HILLCREST STREET Address: 9310 US HWY 192 SUITE 4 Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: CLERMONT, FL 34747 US

(X) Change () Addition Title: MGR () Delete Title: MGR Name: BROOK, WAYNE Name: BROOK, WAYNE

Address: 1918 HILLCREST STREET Address: 9310 US HWY 192 SUITE 4 City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: CLERMONT, FL 34747 US

Title: () Delete Title: MGR () Change (X) Addition

Name: SIMPSON, SAMANTHA Name: 11716 SHELTERING PINE DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32836 US

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: SAMANTHA SIMPSON 04/28/2008