

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045695

Entity Name: CONDESPLANADE, LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8727 LOST COVE DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8727 LOST COVE DR.  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-4599146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAMS, MAURICE  
1015 MAITLAND CENTER COMMONS BOULEVARD  
STE 110  
MAITLAND, FL 32751 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  
Name: LE, GALEN C  
Address: 8727 LOST COVE DR  
City-St-Zip: ORLANDO, FL 32819

I hereby 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: GALEN C. LE

MGR

03/09/2011

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