2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2012
Secretary of State

DOCUMENT# L06000045695

Entity Name: CONDESPLANADE, LLC

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 Statues.

SIGNATURE: GALEN C. LE MGR 02/17/2012

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