

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-08-2007 90193 007 ****50.00

DOCUMENT # L06000092139	
1. Entity Name ORL COMMERCIAL CENTER, LLC	

Principal Place of Business 727 HIGHWAY 98 EAST DESTIN FL 32541	Mailing Address 727 HIGHWAY 98 EAST DESTIN FL 32541
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 20-5581827	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent BURKE, LES W ESQ. BURKE, BLUE, HUTHCHISON & WALTERS, P.A. 221 MCKENZIE AVENUE PANAMA CITY FL 32401	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

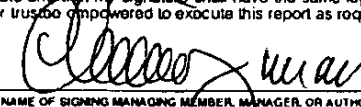
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR. Schinz, F.W.(Freddie) 727 Highway 98 East Destin, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/26/07** **850-654-4884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #