

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097128

FILED
Jul 05, 2007
Secretary of State

Entity Name: OVIEDO EXECUTIVE CENTER I, LLC

Current Principal Place of Business:

C/O RAFE C. QUINN, BARCLAYS CAPITAL
200 PARK AVENUE
NEW YORK, NY 10166

New Principal Place of Business:

RAFE C. QUINN
43 FIFTH AVENUE, APT 2EN
NEW YORK, NY 10003

Current Mailing Address:

C/O RAFE C. QUINN, BARCLAYS CAPITAL
200 PARK AVENUE
NEW YORK, NY 10166

New Mailing Address:

RAFE C. QUINN
43 FIFTH AVENUE, APT 2EN
NEW YORK, NY 10003

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: QUINN, RAFE C
Address: 200 PARK AVENUE
City-St-Zip: NEW YORK, NY 10166

Title: MGR (X) Change () Addition
Name: QUINN, RAFE C
Address: 43 FIFTH AVENUE, APT 2EN
City-St-Zip: NEW YORK, NY 10003

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: RAFE QUINN

MGR

07/05/2007

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