2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L06000097128

Entity Name: OVIEDO EXECUTIVE CENTER I, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

RAFE C. QUINN
3315 E ST ANDREWS WAY
SEATTLE, WA 98112

Current Mailing Address:

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

New Mailing Address:

RAFE C. QUINN
3315 E ST ANDREWS WAY
SEATTLE, WA 98112

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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 ( ) Delete
Name: QUINN, RAFE C
Address: 43 FIFTH AVENUE, APT 2EN
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: QUINN, RAFE C
Address: 3315 E ST ANDREWS WAY
City-St-Zip: SEATTLE, WA 98112

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 MR 04/27/2009

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