

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102017

Entity Name: CONDO/METROPOLIS, LLC

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

6100 WESTGATE DRIVE, #204  
ORLANDO, FL 32835

## **New Principal Place of Business:**

505 PARK AVENUE NORTH  
#213  
ORLANDO, FL 32789

## **Current Mailing Address:**

6100 WESTGATE DRIVE, #204  
ORLANDO, FL 32835

## **New Mailing Address:**

6100 WESTGATE DRIVE  
#204  
ORLANDO, FL 32835

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

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

BURKE, MARCUS  
6100 WESTGATE DRIVE, #204  
ORLANDO, FL 32835 US

## **Name and Address of New Registered Agent:**

BURKE, MARCUS  
6100 WESTGATE DRIVE  
#204  
ORLANDO, FL 32835 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: \_\_\_\_\_

01/18/2007

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURKE, MARCUS  
Address: 6100 WESTGATE DRIVE, #204  
City-St-Zip: ORLANDO, FL 32835

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCGRATTY, GERALD JR  
Address: 505 PARK AVENUE NORTH, SUITE 213  
City-St-Zip: ORLANDO, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALD MCGRATTY

MGR

01/18/2007

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