2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 10, 2007 8:00 am Secretary of State

05-10-2007 90420 006 ****50.00

DOCUMENT # L06000115216



1. Entity Name
OSCEOLA PROMENADE, LLC 60050595 Principal Place of Business Mailing Address 27 NORTH SUMMERLIN AVENUE 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801 US ORLANDO, FL 32801 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-LLC CR2F083 (12/06) City & State Applied For 4. FEI Number City & State 20-8166946 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, STEPHEN M ESQ Street Address (P.O. Box Number is Not Acceptable) 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change Addition TITLE Delete LALLY, JASVINDER S NAME NAME STREET ADDRESS 27 NORTH SUMMERLIN AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY - ST - ZIP MGRH Addition TITLE Change TITLE ☐ Delete LATHRA. VIJAY NAME NAME 27 North Summerlin AVE. Orlando, FL 32801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and many 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 tustee employment to execute this report as required by Chapter 608, Florida Statutes.

utHra

SIGNATURE: SIGNATURE AND TYP

INTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE