

FILED
Jul 15, 2008 8:00 am
Secretary of State

06-09-2008 90227 004 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000003586 1. Entity Name ORLANDO GLOBAL REALTY LLC					
Principal Place of Business 71 W 47TH STREET STE 1403 NEW YORK, NY 10036			Mailing Address 71 W 47TH STREET STE 1403 NEW YORK, NY 10036		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 315 E Robinson Str			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 520			
City & State		City & State Orlando, FL			
Zip	Country	Zip 32801	Country USA	4. FSI Number 20.8272100	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SWEENEY, JEFFREY 315 E. ROBINSON STREET STE 520 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) DATE _____					
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO MANAGEMENT GROUP LLC 47 W 47TH ST STE 1403 NEW YORK, NY 10036	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHI, ELLIE 71 W 47TH STREET NEW YORK, NY 10036	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHI, ROMEN 71 W 47TH STREET NEW YORK, NY 10036	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 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 606, Florida Statutes.			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/11/08 Daytime Phone #		

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