2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANITOAL KLI OKI					~ • • • • • • • • • • • • • • • • • • •	J	
DOCUMENT # L0700003607 1. Entity Name ORLANDO MANAGEMENT GROUP LLC					06-09-2008	90227 005 ***1:	38.75
Principal Place of	(Dusings			20010202			
Principal Place of Business 71 W 47TH STREET, STE 1403		Mailing Address 71 W 47TH STRFFT STE 1403			30010393		
NEW YORK, NY 10036		NEW YORK, NY 10036		İ			
					W 8811 1880 8811 88111 8810		***
Principal Place of Business - No P.O. Box # Mailing Address							
an imolpan idoo of bodinoso in one box ii		315 E Robinson Str			83 28 83 68 68	MM138 MM1 MM	111
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112008	Chg-LLC	CR2E083 (12/06)	
		Ste 520				·····	
City & State		City & State Orlando, FL.		4. FEI Numb	827214		pplied For ot Applicable
Zip	Country	Zip Zip	Country			_ \$5.00 Ad	
		32801	USA-	5. Certificate	e of Status Desired	Fee Require	ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
SWEENEY	IEEEREY	Name	Name				
SWEENEY, JEFFREY C/O COMMERCIAL FLORIDA MANAGEMENT, LLC Street Addre				ess (P.O. Box Numi	(P.O. Box Number is Not Acceptable)		
315 E ROBIN	ISON STREET, STE 520						
ORLANDO, FL 32801							
			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							
Signature, typed or printed terms of registation again and time is appreciate. In the En registation right signature required				ednised week telustating)		DATE	
FILE NOW!!! FEE IS \$538.75					Make check payable to		
Due by September 12, 2008					Florida Department of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE N	16R	☐ Delete	TITLE	-	7.5511101101	☐ Change	Addition
NAME Orlando Management Group, LLC		NAME			•		
STREET ADDRESS 47 W 47th St Ste 1403			STREET ADDRESS				
	1ew York, NY 1003		CITY-ST-ZIP				
	agrm (ashi, ellic	☐ Delete	TITLE .			☐ Change	Addition
	11 W 47th Street		STREET ADDRESS				
1	New York NY 10036		CITY-ST-ZIP				
TITLE P	16RM	☐ Delete	TITLE			☐ Change	☐ Addition
NAME •	KASHI, Ronen		NAME				
	71 w A7th Street	_	STREET ADORESS CITY-ST-ZIP				
TITLE	lew York, NY 10034	Delete	TITLE			☐ Change	Addition
NAME		L.J Deiele	NAME			□ Crange	T YOURIOU
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
VIII VI 211							

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 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

7/11/08

Daytime Phone #

☐ Change

☐ Addition