

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038590

Entity Name: 590 N. SEMORAN, LLC

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

590 N. SEMORAN BLVD.  
ORLANDO, FL 32807

**New Principal Place of Business:**

590 N. SEMORAN BLVD.  
SUITE 200  
ORLANDO, FL 32807

**Current Mailing Address:**

590 N. SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

590 N. SEMORAN BLVD  
SUITE 200  
ORLANDO, FL 32807

FEI Number: 20-8823886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILLGORE, PEARLMAN, STAMP, ORNSTEIN, SQUIR  
2 SOUTH ORANGE AVE  
5TH FLOOR  
ORLANDO, FL 32801 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: GOETZ, GREGORY A  
Address: 590 N. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOETZ, GREGORY A  
Address: 590 N. SEMORAN BLVD SUITE 200  
City-St-Zip: ORLANDO, FL 32807

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: GREG ALAN GOETZ

OWN

01/07/2009

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