


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90034 023 ***538.75

DOCUMENT # L07000065207	
1. Entity Name ORLANDO STUDIOS, LLC	

Principal Place of Business 710 NORTH MILLS AVENUE ORLANDO, FL 32803	Mailing Address 710 NORTH MILLS AVENUE ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 1798 W. 35th ST.	3. Mailing Address SAME
Suite, Apt. #, etc. UNIT 114	Suite, Apt. #, etc. SAME
City & State ORLANDO, FL	City & State SAME
Zip 32839	Country USA
Country USA	Zip SAME
Country SAME	Country SAME

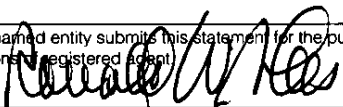
07252008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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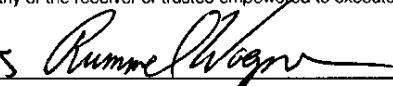
6. Name and Address of Current Registered Agent SIKES, RONALD W ESQ. 1000 EAST ROBINSON STREET, STE. A ORLANDO, FL 32801
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7. Name and Address of New Registered Agent Name RONALD W. SIKES, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 310 S. DILLARD ST. SUITE 120 City WINTER GARDEN FL Zip Code 34787

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 a registered agent.	SIGNATURE 	DATE 7/25/08
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FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER <input type="checkbox"/> Delete RUMMEL WAGNER 1798 W. 35th ST. UNIT 114 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	DATE 7/25/08 407-716-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	