2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L07000082768

Entity Name: OCOEE APOPKA, LLC

Current Principal Place of Business:

1803 PARK CENTER DRIVE, SUITE 215
ORLANDO, FL 32835

New Principal Place of Business:

1803 PARK CENTER DRIVE,
SUITE 215
ORLANDO, FL 32835

Current Mailing Address:

1803 PARK CENTER DRIVE, SUITE 215
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 26-0706057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE, SUITE 306
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

FORADI, SHAMAN
1803 PARK CENTER DRIVE,
SUITE 215
ORLANDO, FL 32835 US

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: SHAMAN FORADI 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORADI, SHAMAN
Address: 1803 PARK CENTER DRIVE, SUITE 215
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete
Name: LEMASTER, MAXINE
Address: 1803 PARK CENTER DRIVE, SUITE 215
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAMAN FORADI MGRM 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date