

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082768

Entity Name: OCOEE APOPKA, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1803 PARK CENTER DRIVE,  
SUITE 215  
ORLANDO, FL 32835

## New Principal Place of Business:

1575 MAGUIRE RD  
SUITE 102  
OCOEE, FL 34761

## Current Mailing Address:

1803 PARK CENTER DRIVE, SUITE 215  
ORLANDO, FL 32835

## New Mailing Address:

1575 MAGUIRE RD  
SUITE 102  
OCOEE, FL 34761

FEI Number: 26-0706057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FORADI, SHAMAN  
11318 WINSTON WILLOW CT  
WINDERMERE, FL 34786 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:

04/29/2009

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: MGRM (X) Change ( ) Addition  
Name: FORADI, SHAMAN  
Address: 1575 MAGUIRE RD, SUITE 102  
City-St-Zip: OCOEE, FL 34761

Title: MGRM (X) Change ( ) Addition  
Name: LEMASTER, MAXINE  
Address: 1575 MAGUIRE RD, SUITE 102  
City-St-Zip: OCOEE, FL 34761

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

MNG

04/29/2009

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