2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123828

City-St-Zip:

Entity Name: SW ORLANDO BUSTED CONDOS LLC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
320 NORHT MAIN STE ANN ARBOR, MI 4810				
Current Mailing Address:		New Mailing Address:		
320 NORHT MAIN STE ANN ARBOR, MI 4810				
FEI Number: 26-1582608	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
KALEITA, GARY M 215 NORTH EOLA DR ORLANDO, FL 32801	IVE US			
The above named entit in the State of Florida.	y submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CEO () Change (X) Addition BERRIZ, ALBERT M 320 N. MAIN STREET, SUITE 200 ANN ARBOR, MI 48104 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition CASWELL, ROYAL E III 320 N. MAIN STREET, SUITE 200 ANN ARBOR, MI 48104 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	EVP () Change (X) Addition HAYWARD, KEITH D 320 N. MAIN STREET, SUITE 200 ANN ARBOR, MI 48104 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CIO () Change (X) Addition KLEINSCHMIDT, JEFFREY R 320 N. MAIN STREET, SUITE 200 ANN ARBOR, MI 48104 US	
Title: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition WEISER, MARC A 320 N. MAIN STREET, SUITE 200	

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.

City-St-Zip:

ANN ARBOR, MI 48104 MI

SIGNATURE: LESLIE L. SMITH CFO 04/21/2008