

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123828

FILED
May 01, 2009
Secretary of State

Entity Name: SW ORLANDO CONDOS LLC

Current Principal Place of Business:

320 NORTH MAIN STREET STE 200
ANN ARBOR, MI 48104

New Principal Place of Business:

Current Mailing Address:

320 NORTH MAIN STREET STE 200
ANN ARBOR, MI 48104

New Mailing Address:

FEI Number: 26-1582608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KALEITA, GARY M
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SIGNER, GREG
214 E WELBOURNE AVENUE
WINTER PARK, FL 32789 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: GREG SIGNER

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: BERRIZ, ALBERT M
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: VP (X) Delete
Name: CASWELL, ROYAL E III
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: EVP (X) Delete
Name: HAYWARD, KEITH D
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: CIO (X) Delete
Name: KLEINSCHMIDT, JEFFREY R
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

Title: D (X) Delete
Name: WEISER, MARC A
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 MI

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GPR MCKINLEY MANAGER LLC
Address: 320 N. MAIN STREET, SUITE 200
City-St-Zip: ANN ARBOR, MI 48104 US

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

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

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: CHERYL RABBITT

VP

05/01/2009

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