

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/5

FILED
Aug 20, 2008 8:00 am
Secretary of State

07-09-2008 90047 017 ***138.75

DOCUMENT # L07000124339					
1. Entity Name ORLANDO MAGIC RECREATION CENTERS DEVELOPMENT, LLC					
Principal Place of Business 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810			Mailing Address 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR 215 N EOLA DR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Orlando Magic 8701 Maitland Summit Blvd. Orlando, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fritz, James T 8701 Maitland Summit Blvd. Orlando, FL 32810 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vanderweide, Bob 8701 Maitland Summit Blvd. Orlando, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Freeman, Charlie 8701 Maitland Summit Blvd. Orlando, FL 32810 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tubergen, Jerry 126 Ottawa NW, Ste 500 Grand Rapids, MI 49503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lambert, Jeffrey K 126 Ottawa NW, Ste 500 Grand Rapids, MI 49503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Schierbeek, Robert H 126 Ottawa NW, Ste 500 Grand Rapids, MI 49503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Martins, Alex J 8701 Maitland Summit Blvd Orlando, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____			7/8/08 407-916-2400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		