

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124339

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** ORLANDO MAGIC RECREATION CENTERS DEVELOPMENT, LLC

**Current Principal Place of Business:**

8701 MAITLAND SUMMIT BLVD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

8701 MAITLAND SUMMIT BLVD  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 59-3089276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEKIN, JAMES F JR  
215 N EOLA DR  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

FRITZ, JAMES  
8701 MAITLAND SUMMIT BLVD  
MAITLAND, FL 32810 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: JAMES FRITZ

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORLANDO MAGIC,  
Address: 8701 MAITLAND SUMMIT BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: P ( ) Delete  
Name: VANDERWEIDE, BOB  
Address: 8701 MAITLAND SUMMIT BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: V ( ) Delete  
Name: TUBERGEN, JERRY  
Address: 126 OTTAWA NW STE 500  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: V ( ) Delete  
Name: LAMBERT, JEFFREY K  
Address: 126 OTTAWA NW STE 500  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: TS ( ) Delete  
Name: SHIERBEEK, ROBERT H  
Address: 126 OTTAWA NW STE 500  
City-St-Zip: GRAND RAPIDS, MI 49503

Title: C ( ) Delete  
Name: MARTINS, ALEX J  
Address: 8701 MAITLAND SUMMIT BLVD  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

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:

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: JAMES FRITZ

RA

03/26/2009

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