

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056119

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** CLUB TIFFANY ORLANDO LLC

**Current Principal Place of Business:**

2201 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

2201 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Mailing Address:**

P.O. BOX 470580  
CELEBRATION, FL 34747

FEI Number: 26-2752113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SQUIRE, EITAN  
3564 MAGELLAN CIRCLE  
SUITE 211  
AVENTURA, FL 33180 US

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

SQUIRE, EITAN  
3564 MAGELLAN CIRCLE  
AVENTURA, FL 33180 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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SQUIRE, EITAN  
Address: 3564 MAGELLAN CIRCLE  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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: EITAN SQUIRE

MGR

04/15/2009

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