2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106288

Entity Name: ORLANDO 4 VILLAS REALTY LLC

8297 CHAMPIONS GATE BLVD

CHAMPIONS GATE, FL 33896 US

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8297 CHAMPIONS GATE BLVD SUITE 333 CHAMPIONS GATE, FL 33896 US **New Mailing Address: Current Mailing Address:** 8297 CHAMPIONS GATE BLVD SUITE 333 CHAMPIONS GATE, FL 33896 US FEI Number: 26-3763710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONGHORN, IAN 8297 CHAMPIONS GATE BLVD SUITE 333 CHAMPIONS GATE, FL 33896 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete O'NEILL, JOHN J Name: Name: 93 WALKDEN RD Address: Address: City-St-Zip: WORSLEY MANCHESTER, UK M28 7BQ UK City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: BROOK, WAYNE Name: Address: 93 WALKDEN RD Address: City-St-Zip: WORSLEY MANCHESTER, UK M28 7BQ UK City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition POIRIER, LISA IAN, LONGHORN Name: Name: 8297 CHAMPIONS GATE BLVD 1707 CHICKADEE WAY Address: Address: City-St-Zip: CHAMPIONS GATE, FL 33896 US City-St-Zip: CLERMONT, FL 34711 US Title: MGR (X) Delete Title: () Change () Addition LONGHORN, IAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: IAN LONGHORN MBR 01/05/2009