

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 24, 2006 08:00 AM Secretary of State

DOCUMENT # L95000000494



1. Entity Name IMMO OVIEDO, L.C.

Principal Place of Business: 8506 BAY HILL BLVD. ORLANDO FL 32819
Mailing Address: 8506 BAY HILL BLVD. ORLANDO FL 32819

2. Principal Place of Business (Suite, Apt. #, etc., City & State)
3. Mailing Address (Suite, Apt. #, etc., City & State)



1st MOORE CR2E083 (10/05)

4. FEI Number: 59-3321788 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MESTDAGH, RENE
8506 BAY HILL BLVD.
ORLANDO FL 32819

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

Table with 6 rows for managing members. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with a 'Delete' checkbox.

10. ADDITIONS/CHANGES

Table with 6 rows for additions/changes. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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03/07/06 00049-019-50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]

RENE MESTDAGH 2/24/06 407-876-2139