


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90013 049 ****50.00

DOCUMENT # L99000001415					
1. Entity Name ORLANDO 101 DEVELOPMENT ENTERPRISES, L.C.					
Principal Place of Business C/O ROBIN LESLIE WEBB P.O. BOX 2023 WINTER PARK, FL 32792-2023			Mailing Address C/O ROBIN LESLIE WEBB P.O. BOX 2023 WINTER PARK, FL 32792-2023		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05062004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3654501				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBB, R.L. 201 N. NEW YORK AVE. WINTER PARK, FL 32789			Name <u>WEBB, R. L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>901 N. LAKE DESTINY DR,</u> <u>SUITE 110</u> City <u>MAITLAND</u> <u>FL</u> Zip Code <u>32751</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNENE, JOSEPH MUNYIRI BOX 50101 NAIROBI, KENYA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, ROBIN LESLIE P.O. BOX 2023 WINTER PARK, FL 327922023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM YNASTRILLA, ANTONIO J 11555 SW 82ND AVE. MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> Date: _____ Daytime Phone #: _____					