

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90031 027 \*\*\*\*50.00

**DOCUMENT # L99000001633**

1. Entity Name

1875 ORLANDO AVENUE, L.L.C.



Principal Place of Business

1875 S. ORLANDO AVENUE  
MAITLAND FL 32751

Mailing Address

1875 S. ORLANDO AVENUE  
MAITLAND FL 32751

20010400



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KREUTER, WILLIAM E  
3117 EDGEWATER DRIVE  
ORLANDO FL 32804

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME REID, DONALD L JR.  
STREET ADDRESS 1875 S. ORLANDO AVE.  
CITY-ST-ZIP MAITLAND FL 32751

TITLE MGRM ☐ Delete  
NAME REID, ROBERT G  
STREET ADDRESS 1105 LENOXAN BLUFF RD  
CITY-ST-ZIP OSTEEN FL 32764

TITLE MGRM ☐ Delete  
NAME REID, RUSSELL L  
STREET ADDRESS 2214 EARLEST CT.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE MGRM ☐ Delete  
NAME REID, BRADLEY W  
STREET ADDRESS 5491 BARTOUSNE PL  
CITY-ST-ZIP OVIEDO FL 32762

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1105 LEMON BLUFF RD  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2214 EARLEST CT.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5491 BAYTOWNE PL  
CITY-ST-ZIP 32765

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** DONALD L. REID JR   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2-05

407-322-9337

Date

Daytime Phone #