

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E083 (10/07)
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	
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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.

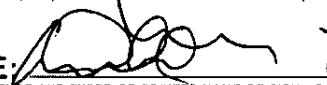
SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, DONALD L JR. 1875 S. ORLANDO AVE. MAITLAND FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, ROBERT G 1105 LEMON BLUFF ROAD OSTEEN FL 32764 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, RUSSELL L 2214 EARLEAF COURT LONGWOOD FL 32779 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, BRADLEY W 5491 BAYTOWNE PLACE OVIEDO FL 32765 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Donald L. Reid Jr.** **FEB 01 2008** **407-322-9337**