

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004137

FILED  
Mar 26, 2004  
Secretary of State

**Entity Name:** INTERNATIONAL G.M. OF ORLANDO, L.L.C.

**Current Principal Place of Business:**

1179 FOXFORREST CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1179 FOXFORREST CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 59-3591371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUTT, DARRIN R ESQ.  
1105 CAPE CORAL PARKWAY, SUITE C  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOLDMANN, PETRA  
Address: 1179 FOXFORREST CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete  
Name: GOLDMANN, PETER  
Address: 1179 FOXFORREST CIRCLE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GOLDMANN

MRS.

03/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date