




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90051 030 ****50.00

DOCUMENT # L99000005271 1. Entity Name ASTOR LANDING, L.L.C.					
Principal Place of Business 71 EAST EAST CHURCH STREET, SUITE 200 ORLANDO, FL 32801-3409				Mailing Address 71 EAST EAST CHURCH STREET, SUITE 200 ORLANDO, FL 32801-3409	
2. Principal Place of Business 71 EAST CHURCH ST., STE 200 Suite, Apt. #, etc.		3. Mailing Address 71 EAST CHURCH ST., STE 200 Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip 32801 Country US		City & State ORLANDO, FL Zip 32801 Country US		02182004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3596603				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 BLACKHAM, WILLIAM J 568 WEST SILVER STAR EXT. OCOEE, FL 34761	
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKHAM, WILLIAM J 71 EAST EAST CHURCH STREET, SUITE 200 ORLANDO, FL 328013409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, ROHLAND A II 71 EAST EAST CHURCH STREET, SUITE 200 ORLANDO, FL 328013409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: 			Signature and typed or printed name of signing managing member, manager, or authorized representative		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Date 2-18-04 Daytime Phone # 407-839-6000		