


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90329 011 \*\*\*\*50.00

<b>DOCUMENT # L99000005388</b>	
1. Entity Name <b>ORLANDO SOUTHWEST, L.L.C.</b>	

Principal Place of Business <b>1243 NORTH HARBOR CITY BOULEVARD SUITE A MELBOURNE, FL 32935</b>	Mailing Address <b>PO BOX 33275 INDIALANTIC, FL 32903</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>1243 N. Harbor City Blvd</b>
Suite, Apt. #, etc. <b>Suite C</b>	Suite, Apt. #, etc. <b>Suite C</b>
City & State	City & State <b>Melbourne, FL</b>
Zip	Zip <b>32935</b>
Country	Country <b>USA</b>



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3598557</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MONTGOMERY, MICHAEL S 1243 NORTH HARBOR CITY BOULEVARD SUITE A WINTER PARK, FL 32789</b>

<b>7. Name and Address of New Registered Agent</b>
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

**4-27-07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONTGOMERY, MICHAEL S 1243 NORTH HARBOR CITY BOULEVARD SUITE A MELBOURNE, FL 32935</b> <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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

**4-27-07**