

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90025 027 ***138.75

DOCUMENT # L99000005388						
1. Entity Name ORLANDO SOUTHWEST, L.L.C.						
Principal Place of Business 1243 NORTH HARBOR CITY BOULEVARD SUITE C MELBOURNE, FL 32935			Mailing Address 1243 NORTH HARBOR CITY BOULEVARD SUITE C MELBOURNE, FL 32935			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 33279				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Indialantic, FL		4. FEI Number 59-3598557		
Zip		Country 32903		Country USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MONTGOMERY, MICHAEL S 1243 NORTH HARBOR CITY BOULEVARD SUITE A WINTER PARK, FL 32789				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		Managing Member 4/21/08				
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) 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			10. ADDITIONS/CHANGES			
TITLE MGRM	NAME MONTGOMERY, MICHAEL S		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1243 NORTH HARBOR CITY BOULEVARD SUITE A	CITY-ST-ZIP MELBOURNE, FL 32935		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	P.O. Box 33279 Indialantic, FL 32903	
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		<input type="checkbox"/> Delete	<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		<input type="checkbox"/> Delete	<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	
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 606, Florida Statutes.						
SIGNATURE:		Managing Member 4/21/08				
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #				