

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000002283

1. Entity Name  
AUTOMATIC ORLANDO L.L.C.



Principal Place of Business  
1900 SUMMIT TOWER, STE. 860  
ORLANDO, FL 32810

Mailing Address  
1900 SUMMIT TOWER, STE. 860  
ORLANDO, FL 32810



03302006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3695814

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME THORNTON, W. JEPHTA  
STREET ADDRESS 1900 SUMMIT TOWER BLVD., STE 860  
CITY - ST - ZIP ORLANDO, FL 32810

TITLE MGR  
NAME THORNTON, SAMUEL J  
STREET ADDRESS 1900 SUMMIT TOWER BLVD., STE 860  
CITY - ST - ZIP ORLANDO, FL 32810

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05/13/06-80079-020 50.00

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IN THIS SPACE**

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: Michael Birdsell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.26.06 407.916.777