2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0300000684

1. Entity Name ORLANDO LIVING, LLC

Jul 26, 2004 08:00 AM Secretary of State

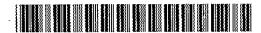
FILED

Principal Place of Susiness

105 WILD HOLLY LANE LONGWOOD, FL 32779 Mailing Address

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

105 WILD HOLLY LANE LONGWOOD, FL 32779



07212004 No Chg-LLC

CR2E083 (10/03)

DO	NOT	WR	ITE	IN	THIS	SPACE
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5. Certificate of Status Desired	\$5.00 Additional
33-1045770	Not Applicable
4. FEI Number	 { Applied For

Name and Address of Current Registered Agent

DAVIS, MICHELE 105 WILD HOLLY LANE LONGWOOD, FL 32779

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Midu Dark		7/23/04
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	/ DATE /
Fil Due l	ling Fee is \$50.00 by September 8, 2004		H00000168422
9.	MANAĞING MEMBERS/MANAGERS		07/26/04-80013-003 50.00
TITLE NAME STREET ADDRESS CITY'-ST-ZIP	MGR DAVIS, MICHELE 105 WILD HOLLY LANE LONGWOOD, FL 32779		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ACCURESS CRY-ST-ZIP			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lis	certify that the information supplied with this filling does not of i on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exec	gualify for the exemption stated in Section 119.07(3) tall have the same legal effect as if made under oath oute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.

8. The above named entity sulamits 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