

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000954

**FILED**  
**Mar 09, 2007**  
**Secretary of State**

**Entity Name:** OSCEOLA COUNTY REALTY LLC

**Current Principal Place of Business:**

8 BROADWAY  
SUITE L  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

8 BROADWAY  
SUITE L  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 47-0930137      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

IANNONE, JOHN  
8 BROADWAY  
SUITE L  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: JOHN IANNONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: IANNONE, JOHN  
Address: 8 BROADWAY, SUITE L  
City-St-Zip: KISSIMMEE, FL 34741

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: IANNONE, KIM  
Address: 8 BROADWAY, SUITE  
City-St-Zip: KISSIMMEE, FL 34741

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: SOTO, SYLVIA  
Address: 8 BROADWAY, SUITE L  
City-St-Zip: KISSIMMEE, FL 34741

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN IANNONE

MGR

03/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date