

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