

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 039 \*\*\*\*55.00

**DOCUMENT # M05000002830**

1. Entity Name  
ORLANDO PLANTATION PARK, LLC



Principal Place of Business  
1030 NORTH CLARK STREET, SUITE 300  
CHICAGO, IL 60610

Mailing Address  
1030 NORTH CLARK STREET, SUITE 300  
CHICAGO, IL 60610



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2803680

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

**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, 2007

**9. MANAGING MEMBERS/MANAGERS**

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | MGR                                  |
| NAME           | ORLANDO PLANTATION CONSULTANTS, INC. |
| STREET ADDRESS | 1030 NORTH CLARK STREET, SUITE 300   |
| CITY-ST-ZIP    | CHICAGO, IL 60610                    |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
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** *Anthony R. DiBenedetto*

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

*Anthony R. DiBenedetto* Sec. to MGR 01-15-07 312-595-4714

Date

Daytime Phone #